

Letter from the Director

As I look back on the events of this past year, I am reminded of why I love working in Emergency Medical Services. There are two things you can always count on: 1) each day will be different than the day before and 2) you never know what tomorrow will bring.

This year we experienced two hurricanes, Ivan and Dennis, the continued growth of the Mississippi Trauma Care System, the development and implementation of EMS Bioterrorism Awareness Training Programs, and a dramatic growth in the Emergency Medical Services for Children Program. The Bureau of Emergency Medical Services (BEMS) has many exciting programs that work toward achieving the Mississippi Department of Health's mission; To Promote and Protect the health of the citizens of Mississippi.

In Fiscal Year 2005, over 25 contracted EMS Providers responded to both Hurricane Ivan and Hurricane Dennis. These EMS Providers assisted with the evacuation of citizens in the path of these storms. It is an honor to work with a group of individuals that are willing to do what is necessary to get these people out of harm's way.

Additionally, BEMS implemented a statewide Bioterrorism Awareness Training plan. This training is the first step to insure that Mississippi EMS Providers are prepared in the event of a bioterrorism event in the state. Additional courses will be provided during the next year, such as Operational Bioterrorism Training.

The Bureau of Emergency Medical Services (BEMS) looks forward to the challenges in the coming year. I am lucky to be working with the best and most well trained staff each day. Those working in BEMS are the most professional and hardest working people I have ever had the pleasure of working with. My staff is always willing to go the extra mile to make sure the job is done in the quickest and most effective way.

Finally, I want to take time to thank ALL the hard working people in the Mississippi EMS System. Mississippi EMS is recognized as one of the premier EMS Systems in the Nation and you are the reason for our success. I look forward to working with each of you in the years to come.

Sincerely,

A handwritten signature in black ink that reads "Keith E. Parker". The signature is written in a cursive, flowing style.

Keith E. Parker, Director
Bureau of Emergency Medical Services

Section I

Overview of the Bureau of Emergency Medical Services

History

The Emergency Medical Services (EMS) System is a component of the Mississippi health care system. EMS addresses all possible injuries and illnesses, and treats all ages. The Mississippi EMS System was created to meet the immediate needs of the acutely ill and injured; provide stabilization and transportation to the most appropriate facility that meets the patients needs.

The components of an EMS System include:

- Manpower
- Training
- Communications
- Transportation
- Facilities
- Critical care units
- Public Safety agencies
- Consumer participation
- Access to care
- Patient transfer
- Patient records
- Public education
- Evaluation
- Disaster planning
- Mutual Aid

The Federal Government, through the Emergency Medical Services Act of 1973, established standards for the organization of emergency services. Prior to 1973, government involvement in emergency medical services was primarily limited to providing an emergency department in the public hospital. Private operators, predominantly funeral homes, provided emergency transportation.

The Mississippi EMS Act of 1974, and subsequent amendments, authorized the Mississippi Department of Health to create a Bureau of Emergency Medical Services. The Act authorized this Bureau to license all ambulance services in Mississippi, to require specific equipment and standards for emergency vehicles, to provide for training and certification of emergency medical technicians (EMT's) and Medical First Responders, and to assist with the creation and the provision of technical assistance.

Testing, Training and Certification

The Mississippi Board of Health (BOH) is responsible for the establishment, maintenance, and improvement of a system to regulate emergency medical services (EMS) in the state of Mississippi. The Board has established standards for the training, testing, and certification of all pre-hospital personnel. (Mississippi Code, 1972, Title 41, Chapters 59 and 60, The Emergency Medical Services Act of 1974)

The Branch of Testing, Training, and Certification is responsible for insuring that providers of emergency care are properly trained and competency tested prior to state certification.

The Branch includes:

- EMS Testing, Training & Certification
- Medical First Responder Certifications
- Driving and Basic Life Support (BLS) Certifications
- Advanced Life Support (ALS) Certifications

The Mississippi Board of Health has designated the Department of Transportation's National Standard Curricula as the minimum training standards for all levels of EMS providers. The National Registry of Emergency Medical Technicians' (NREMT) examination and certification system is utilized for verification of competencies for Medical First Responders and all levels of EMTs.

The Mississippi Community College system and the University of Mississippi Medical Center provide EMT training in the state. Sixteen Community Colleges offer EMT – Basic training and six offer Paramedic training. All training facilities utilize curricula developed by the Research and Curriculum Unit at Mississippi State University.

National Registry testing is offered at least four times per year in Jackson. Additional regional test dates have been offered corresponding with the end of college semesters.

Mississippi EMT certification is dependent on National Registry certification and affiliation with a Mississippi licensed ambulance service. The affiliation with an ambulance service is required to insure physician oversight for the EMTs.

Applications for certifications are received by mail or in person at the Bureau of Emergency Medical Services (BEMS) office. Personal information is entered in the MEMSIS data system, training and National Registry certifications are verified, and State certifications are issued.

Licensure and System Evaluation

Mississippi Code of 1972 Annotated requires that ambulance inspections be performed at least two times per year. The Licensure and System Evaluation Branch of the Division of EMS Licensure, Certification and Evaluation assures compliance with Mississippi EMS: The Law, Rules, and Regulations. This includes licensing ambulance services by location and issuing permits for each vehicle operated. Licenses are issued for ground and air ambulance services.

The Branch is responsible for developing and implementing a statewide performance improvement plan for prehospital care. The "Statewide Performance Improvement Plan for Prehospital Care" will establish a framework for monitoring, evaluation, and improvement of care being rendered by local emergency medical services.

Trauma System Development and Injury Control

With the passage of legislation during the 1991 Mississippi legislative session, the Bureau of Emergency Medical Services (BEMS), Mississippi Department of Health

(MDH), was designated as the lead agency to develop a trauma care plan for the state. The law provides that BEMS act as the lead agency in consultation with and having solicited advice from the Mississippi Trauma Advisory Council, shall develop a plan and submit it to the Legislature for the triage, transport, and treatment of major trauma victims.

The Mississippi Trauma Advisory Committee (MTAC) was developed as a subcommittee of the EMS Advisory Committee. In 1998, they developed the Mississippi Trauma Care Regulations that were subsequently adopted by the Mississippi Board of Health in October of that year. These Regulations describe the requirements for Regional Plan development and the Trauma Center designation process. They also describe the hospital requirements for trauma program development which includes the entire continuum of care from injury to rehabilitation.

The Mississippi legislature added \$6 million to the Trauma Care Trust Fund during the 1999 Legislature Session. These additional monies brought the total amount in the Trauma Care Trust Fund to approximately \$8 million per year. Legislators authorized annual funding for regional support and uncompensated trauma care, as defined by the trauma registry through regional contracts with the Department of Health.

Additionally, in 1999, seven trauma care regions were designated by the Mississippi Department of Health. Each designated Trauma Care Region is a federally recognized, not-for-profit organization.

Hospitals that voluntarily choose to participate in the Mississippi Trauma Care System are designated as either Level I, II, III, or IV Trauma Centers. A designation process is preformed for Level I, II, and III Trauma Centers. Out of state consultants and the trauma staff comprise the designation site survey team. The designation process for Level IV Trauma Centers is conducted by in-state consultants and trauma staff. Technical support for trauma system development to Trauma Care Regions and Trauma Care Centers is provided in a timely manner by the Division of Trauma System Development and Injury Control (DTSDIC).

The Trauma Registry data bank is stored and maintained at BEMS. Data from trauma centers are required to be submitted to BEMS semiannually. The data submitted is used by the DTSDIC to show trends in events. The DTSDIC conducts training of the statewide Trauma Registry, called Trauma One, to trauma center staff.

The DTSDIC provides educational workshops to trauma care regions and trauma care centers to improve care and system development. These workshops are conducted by trauma staff and consultants.

Through BEMS, reimbursements are given to eligible physicians and trauma centers for uncompensated care submitted. By receiving these funds, the DTSDIC is required to conduct financial audits on physicians and trauma centers on an annual basis. These audits are conducted to verify that funds received for trauma care are appropriated according to guidelines. Funds that are paid back to The Mississippi Department of Health, due to audits, are deposited back into the trauma trust fund for disbursement.

Trauma Care Regions receive administrative funds from BEMS through contractual agreements.

Emergency Medical Services for Children (EMSC) is the only Federal program that focuses on improving the quality of children's emergency care. It builds upon existing Emergency Medical Services (EMS) systems.

The goals of the EMSC Program are to ensure that state-of-the-art emergency medical care is available for ill or injured children and adolescents, to ensure that pediatric service is well integrated into an emergency medical services system, and to ensure that the entire spectrum of emergency services - including primary prevention of illness and injury, acute care, and rehabilitation - are provided to children and adolescents.

The Bureau of Emergency Medical Services (BEMS) was awarded an EMSC Program Planning grant in August of 1998. The goals of the planning phase were to evaluate the current state of pediatric care in Mississippi; to develop programs to improve the care of pediatric patients in the state; and to develop programs geared toward injury prevention and community involvement in pediatric issues. This was accomplished by conducting a pediatric needs assessment survey. This survey was sent to every hospital and pre-hospital provider in Mississippi.

As result of this survey, two areas of need in pediatric care were discovered: advanced pediatric education and injury prevention programs. These areas were addressed and programs were researched and developed to provide an advanced pediatric education course and a comprehensive school-based injury prevention program.

BEMS was awarded the EMSC Program Implementation grant in August 1999. This grant provided funding to implement programs development during the planning grant. The programs implemented include: advanced pediatric education courses and a comprehensive school-based injury prevention curriculum. The education courses include Pediatric Education for Pre-hospital Professionals (PEPP) course and Pediatric Basic Trauma Life Support (PBTLS) course. The injury prevention curriculum that was implemented is a program developed by the National Fire Protection Association called "Risk Watch".

EMSC Program to Mississippi physicians, nurses, and State Certified EMT's at all levels at no cost to the participant.

Risk Watch is a comprehensive school-based injury prevention program designed for children in preschool through eighth grade. The Mississippi EMSC Program is providing the Risk Watch curriculum to any school in Mississippi that wishes to participate in the program. Each school is provided the resource material and an educational workshop to each participating teacher. This curriculum and workshop is provided to each participating school at no cost.

The EMSC branch implemented and continues to house the "Watch Out Stay Safe Campaign". The campaign provides safety education to children and youth throughout the state. Programs are geared toward children, adolescents, youth and parents/care

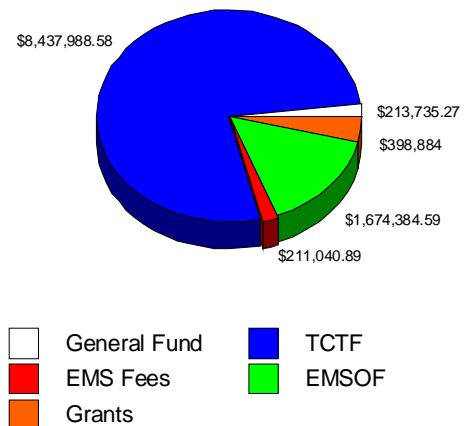
givers. The Branch of Injury Control will continue to collaborate with local organizations and determine the education needs of the community.

The equipment used in the presentation of these programs include: a fire safety house for use with fire prevention and safety, “Andy” the Ambulance and “Pluggie” the Fire Plug for interaction with the kids at these safety programs.

Funding

The Bureau of Emergency Medical Services receives funds from a number of sources including:

- General State Funds
- EMS Fees
 - Licensure Fees
 - Certification Fees
 - Permit Fees
 - Testing Fees
- EMSOF Fees
 - \$5 Moving Traffic Violation
- Trauma Care Trust Fund
 - \$5 Moving Traffic Violation
 - Uncompensated Care Appropriation
- Grant Funds
 - Health Resources Services Administration Trauma-EMS Program Grant
 - Emergency Medical Services for Children (EMSC) Grant



Emergency Medical Services Operating Fund (EMSOF)

The Emergency Medical Services Operating Fund (EMSOF) was established in 1982 through legislation that added \$5.00 to fines assessed statewide on hazardous moving traffic violations. The funds are then distributed on a per capita basis to eligible governmental units (cities, counties, EMS districts) for local level EMS support. BEMS has administered the EMSOF since its establishment.

BEMS makes disbursements annually, upon request from each governmental unit. According to law, these distributions must be used in addition to existing annual emergency medical services budgets of the governmental units.

EMSOF Disbursements

The criteria used for determining priority for local expenditures is as follow:

- Basic Life Support (BLS) – To increase the availability and/or improve the quality of basic ambulance service as described in Sections 41-59-1 through 41-59-49 of the Mississippi Code of 1972 as amended.

- Advanced Life Support (ALS) – To increase the availability and/or improve the quality of advanced life support services as defined in the Sections 41-60-11 through 49-60-13 of the Mississippi Code of 1972 as amended.
- Regionalization – To support or increase support for the establishment, administration, and/or expansion of EMS districts as defined in Sections 41-59-51 through 41-59-59 of the Mississippi Code of 1972 as amended.

FY'05 utilization remained similar to previous years, with 53% of funds used for purchasing new ambulances or paying lease purchase notes on ambulances.

Item	Amount	Percent
Ambulances	\$943,194.00	53%
Support Services	\$129,319.14	7%
ALS Equipment	\$421,262.86	23%
Communications	\$125,004	7%
Training	\$79,505.00	5%
BLS Equipment	\$0	0%
Regionalization	\$81,702.00	5%

Emergency Medical Services and Trauma Care Regulation Development Process

The Mississippi Department of Health (MDH) - Bureau of Emergency Medical Services (BEMS) aspires to set the standard of excellence for regulatory agencies by making decisions that are legally sound, fiscally responsible, operationally efficient, technology integrated, quality driven, and publicly accountable. The Mississippi Code 1972 gives the Mississippi Board of Health the authority to promulgate rules and regulations to govern the development and implementation of a comprehensive EMS and Trauma system in Mississippi. BEMS is responsible for regulating these rules and regulations.

These rules and regulations have been compiled in two documents:

- Mississippi EMS: The Law, Rules, and Regulations
- Mississippi Trauma Care Regulations

The process for developing and implementing rules and regulations is a long and detailed. It is an open process in which the public has multiple opportunities to provide feedback to the various committees assigned to approved and adopt the regulations. "Sunshine" laws in Mississippi require that all meetings of government bodies be open to the public. All public meeting must be posted within the Mississippi Department of Health building and on the Agency's web site at least 30 days prior to the meeting.

In order for a *new* regulation to become adopted, it must be approved by a series of committees. However, before any major changes are made to regulations, BEMS will conduct a series of public hearings to obtain input for those that will be most affected by

a change in regulations. The comments obtained in the public hearing are used to develop the draft regulation changes that will be presented to the various committees charged with development of the regulation changes.

The next step in the process is to submit regulation changes to the five-member Medical Direction, Training, and Quality Assurance (MDTQA) Committee. This committee is made up of physicians with expertise in EMS and/or trauma care. The State EMS Medical Director acts as chairman and appoints the other members. The MDTQA committee reviews all regulation changes as well as any pertinent research or documentation that supports and/or opposes that the regulation change. Additionally, interested parties are able to present supporting and/or opposing views to the committee. After reviewing all documentation and public comment, the MDTQA committee makes recommendations that is then forwarded to the Emergency Medical Services Advisory Council (EMSAC) Regulation Subcommittee for EMS regulation changes or the Mississippi Trauma Advisory Committee (MTAC) Regulation Subcommittee for Trauma regulation changes.

Both the EMSAC and the MTAC have a Regulation Subcommittee that consists of six members appointed by the Chairman. The purpose of these subcommittees is to finalize the draft language for all regulation changes. Upon the subcommittee's approval, the final draft changes to the regulations are sent to the full advisory council for approval.

The EMSAC is a 24-member multidisciplinary group of individuals that are appointed by the Governor for a four-year term. The MTAC is a subcommittee appointed from the EMS Advisory Council by the Chairman. These advisory councils were created in EMS Statute to advise the Mississippi Board of Health for issues related to EMS and Trauma. The advisory councils review all EMS and Trauma regulations and determine the impact it may have. Revisions to the draft regulations may or may not be made by the advisory council. Upon review of the draft regulations, the advisory council makes recommendations regarding regulation changes that are then submitted to the Mississippi Board of Health for adoption.

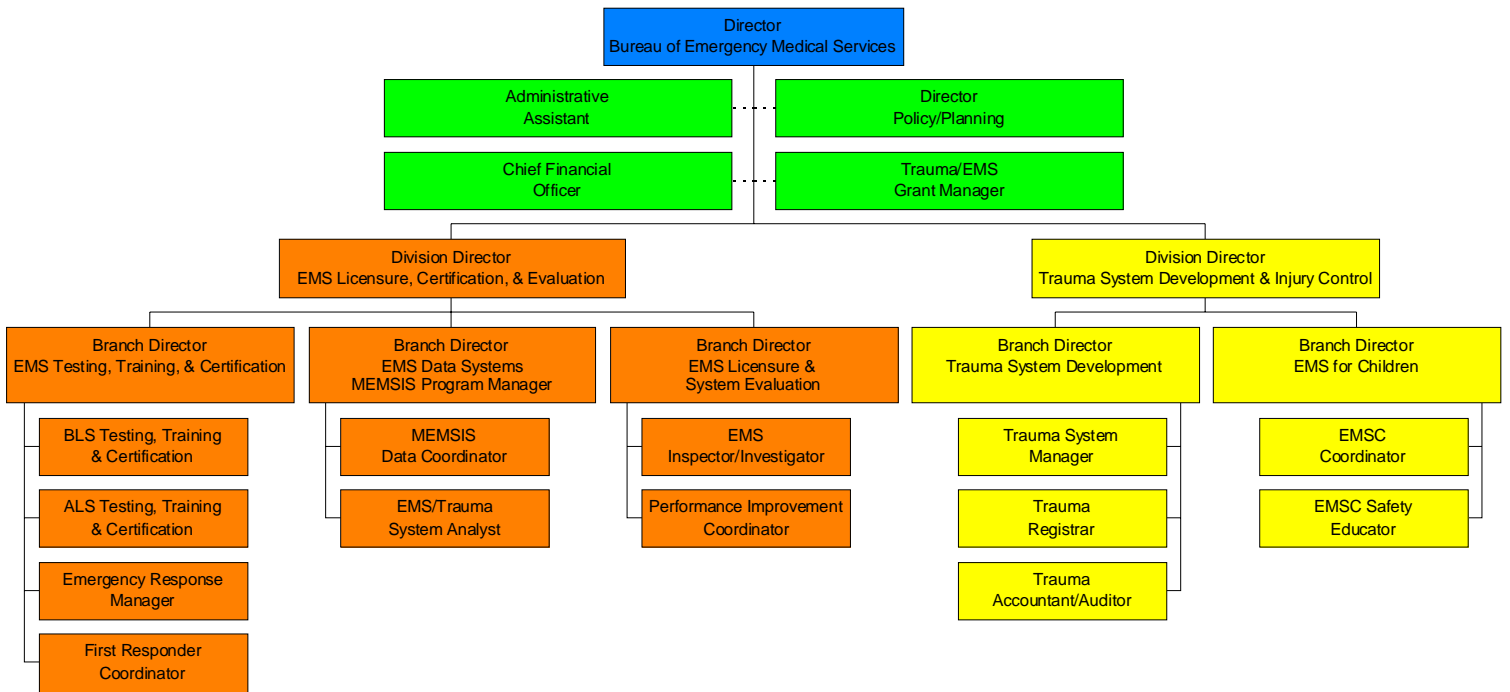
The Mississippi Board of Health (BOH) is a 12-member board which is appointed by the Governor and meets on a quarterly basis. Through statutory authority, the BOH promulgates all regulations regarding EMS and Trauma.

The first time a regulation change is presented to BOH, it is presented as an "intent to adopt" motion. This enables the regulation change to be published for public comment for at least three months. The regulation change is then presented at the next quarterly meeting of the BOH as a "final adoption" motion. At which time, if no other public comment is received, the regulation change is adopted into regulation.

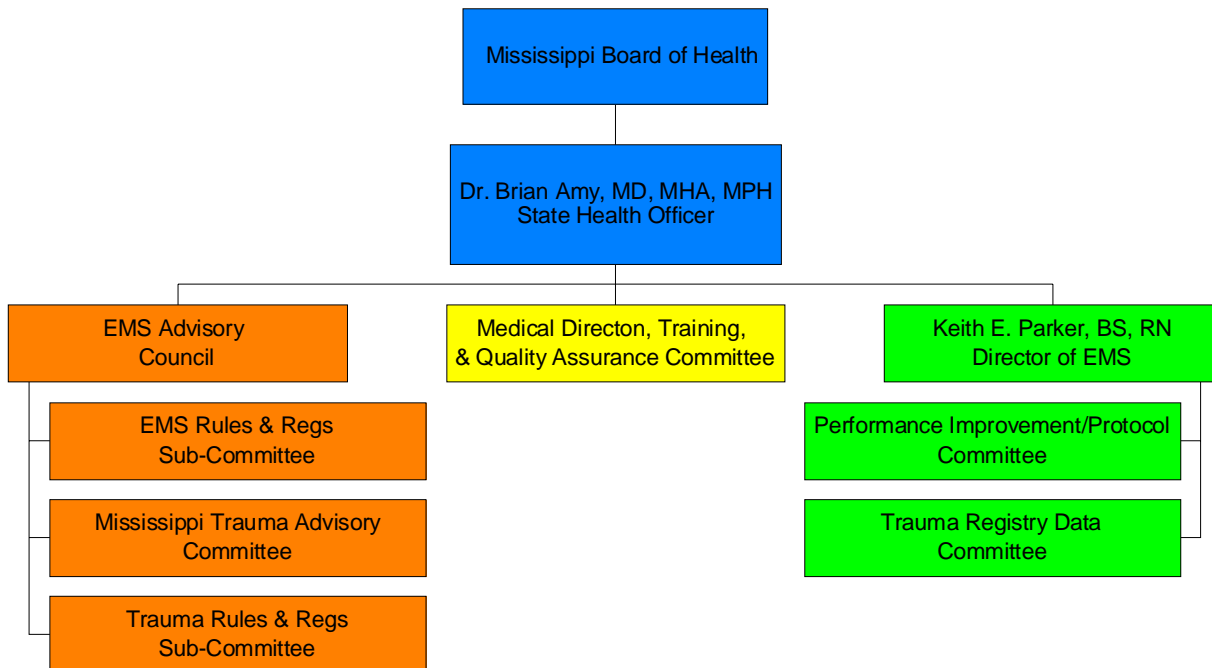
Under the rules of governance, all regulation changes must be submitted to the Secretary of State's Office at least 30 days prior to final adoption. Additionally, upon the BOH adoption of regulations, they must be re-filed with the Secretary of State's office for an additional 30 days prior to implementing the regulation change. The intent of this additional 30 days is to provide time for parties affected by the regulation changes to be notified and prepare to implement the changes.

The process for making changes is a long process; however, it is designed to ensure that any change to existing regulations is carefully researched and reviewed. It also ensures that all affected interested parties have ample time to provide comment on any change that is proposed. EMS and Trauma Regulations are constantly changing documents due to changes in national standards as well as changing issues within the state. This process is under constant review and changes to this process will be made on an as needed basis to ensure the public's right to due process is protected

BEMS Organization Chart



Mississippi Advisory Groups



Section II

Emergency Medical Services (EMS)

Mission Statement

The mission of the Bureau of Emergency Medical Services (BEMS) is to organize, regulate, and maintain a statewide program to improve emergency medical care. BEMS strives to maintain and promote the highest standards of prehospital care for the citizens and visitors of Mississippi.

Introduction

Many people with greatly diverse backgrounds and talents contribute to the Emergency Medical Services System in Mississippi. These include: Bystanders, Firefighters, Law Enforcement Officers, Emergency Medical Dispatchers, Medical First Responders, Emergency Medical Technician – Basic (EMT-B), Emergency Medical Technician – Intermediate (EMT-I), Emergency Medical Technician – Paramedic (EMT-P), Nurses, and Physicians.

Quality is a priority for our patients. Our patients expect the highest quality care and it is the duty of BEMS, as a regulatory agency, to ensure that this is the product they receive. In addition, we strive to enhance the EMS system in Mississippi by providing technical assistance to services and personnel. Through teamwork and quality assurance, our goal is to provide the highest quality EMS to the citizens of Mississippi.

At present, 98 percent of the population of Mississippi has access to Paramedics. This is a significant achievement considering the rural nature of the State of Mississippi.

Mississippi EMS Providers

All levels of EMS providers are certified by the Bureau of Emergency Medical Services (BEMS). The Division of Licensure, Certification, and Evaluation is responsible for testing, certifying, and maintaining provider records. There are five levels of Emergency Medical Services (EMS) providers. They are as follows:

- Medical First Responder
- Emergency Medical Services – Driver
- Emergency Medical Technician – Basic
- Emergency Medical Technician – Intermediate
- Emergency Medical Technician – Paramedic

EMS Personnel Training

All emergency medical services providers are trained to the standards established by the United States Department of Transportation (USDOT). Mississippi utilizes the National Registry of Emergency Medical Technicians' system of certification and testing. The National Registry establishes and implements uniform requirements for medical first responders and emergency

medical technicians, their training, examination, and continuing education. The Registry is an independent, free- standing, non-governmental, not-for-profit organization. This is a system used by 46 states to insure competencies of knowledge and skills for prehospital providers. The Registry has bi-annual education and skill evaluation requirements to maintain these competencies

The Director of Testing, Training, and Certification is responsible for overseeing and approving all EMS Educational programs in the State of Mississippi. Fourteen days prior to the beginning of each course, an outline, course schedule, syllabus, clinical affiliation, course location, and instructor information must be submitted to BEMS for approval. All course instructors must be credentialed by the Department of Education. A brief description of each level of certification is listed below:

Medical First Responder

The Medical First Responder is the first designated level of professional emergency medical care as outlined by the National EMS Education and Practice Blueprint. A Medical First Responder is usually the first medically trained person at the scene of an emergency. He or she uses a limited amount of equipment and life-saving procedures to perform patient care. Medical First Responders initially control the scene of an emergency and prepare for the arrival of other prehospital care providers. The training for Medical First Responders is a minimum of forty hours and is based on the United States Department of Transportation's National Standard Curriculum.

Emergency Medical Technician – Driver

Mississippi requires operators of ambulance vehicles to be EMS-Driver certified. Driver programs must adhere to the USDOT Training Program in Operation of Emergency Vehicles.

Emergency Medical Technician – Basic

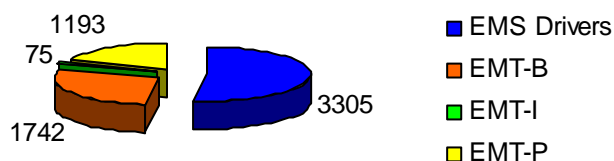
EMT-Basic (EMT-B) is the second level of training in the EMS Blueprint. The course covers all techniques of basic life support and provides a solid foundation for care of injured or ill patients in the pre-hospital setting. The minimum classroom time for the EMT-Basic course is 110 hours. Each student must also document five emergency ambulance runs and 10 hours clinical training to complete the course.

Emergency Medical Technician – Intermediate

EMT-Intermediates (EMT-I) provide skills of EMT-Basics plus limited Advanced Life Support (ALS) skills (defibrillation, initiate IV fluids, draw blood samples, and limited advanced airway management). The EMT-I training program includes a minimum of 150 didactic hours, 40 hours of clinical, and 40 hours of field experience. EMT-I training is no longer available in Mississippi. There are 75 EMT-I's still certified in Mississippi.

Emergency Medical Technician – Paramedic

EMT-Paramedics (EMT-P) provide the highest level of pre-hospital care. EMT-P's are trained to perform advanced cardiac resuscitation, emergency medications, and advanced IV therapy for medical and trauma emergencies along with advanced airway management. The minimum



Certified Personnel in FY'05

hours for EMT-Paramedic training are 800 didactic, 200 clinical, and 200 field experience.

Provider Education

Emergency Medical Technician - Basic

EMT-Basic training is offered through the Mississippi Community College System and University of Mississippi Medical Center. Each training program and each individual class must be approved by BEMS.

All Mississippi Community Colleges in Mississippi, offer the EMT-B course on campus and at offsite locations.

In FY'05, 54 separate courses were provided through the Community College system, resulting in 616 individuals completing the course. Upon completion of an approved EMT course and verification of competence in each of the required practical skill areas, students may apply to take the National Registry Examination. This exam is offered, at minimum, four times a year.

EMT-B National Registry Exam Results

	1st Attempt Pass Rate	National Average Pass Rate
FY'02	53%	68%
FY'03	57%	69%
FY'04	58%	66%
FY'05	59%	66%

Emergency Medical Technician-Paramedic

EMT-Paramedics provide the highest level of prehospital care in Mississippi. EMT-P's are trained to perform advanced cardiac resuscitation, administer emergency medications, IV therapy, and advanced airway management for medical and trauma emergencies.

All EMT-P's must first complete an EMT-B course. Minimum hours of training for EMT-P are: 800 didactic; 200 clinical; and 200 field experience.

EMT-Paramedic training in Mississippi is provided by six community colleges and the University of Mississippi Medical Center. The U.S. Department of Transportation's National Standard Curriculum serves as the standard for EMT-P training. Mississippi requires Advanced Life Support training programs be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) based on the recommendation of the Commission on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP). All seven schools are accredited.

EMT-P National Registry Exam Results

	1st Attempt Pass Rate	National Average Pass Rate
FY'02	46%	64%
FY'03	76%	63%
FY'04	54%	64%
FY'05	77%	63%

Emergency Medical Services-Driver

Mississippi requires drivers of ambulance vehicles to be EMS-Driver certified. Driver programs must adhere to the U.S. Department of Transportation's National Standard Curriculum for emergency vehicle operation. BEMS approves programs offering EMS-Driver Programs. Approved programs in Mississippi include:

- Allsafe
- Emergency Vehicles Operators Course
- National Academy of Professional Driving
- National Institute of Fire and EMS
- National Safety Council (Coaching the Emergency Vehicle Operator)
- U.S. Fire Administration (Emergency Vehicle Driving Training)
- Volunteer Fire Insurance Service

Level of Ambulance Service Licensure in Mississippi

Ground Ambulance Services

There are five types of ground ambulances that transport patients in Mississippi:

- Type 1 ambulances are cab and chassis ambulances with separation between the cab and patient care box;
- Type 2 ambulances are van-type ambulances;
- Type 3 ambulances are cab and chassis ambulances without partition between the cab and chassis;
- Invalid vehicles are stretcher vans that may be Type 1, 2, or 3; and
- Special-use vehicles are supervisory or sprint cars permitted for emergency operation in connection with emergency medical service calls.

Included in the above types of ambulances are mobile intensive care units which provide specialized services such as neonatal and cardiac transfers. Most ambulances are Type 2 ambulances.

Air Ambulance Services

Ten licensed providers offered air ambulance services in Mississippi for FY'05:

- North Mississippi Medical Center Ambulance Service; Tupelo, Mississippi

- Southeast Air Ambulance District; Hattiesburg, Mississippi
- University Medical Center – AirCare; Jackson, Mississippi
- Air Evac Lifeteam; Tuscombua, Alabama
- Critical Care Transport; Birmingham, Alabama
- Air Evac Lifeteam; Jackson, Tennessee
- Hospital Wing; Memphis, Tennessee
- Acadian Air Medical Services; Lafayette, Louisiana
- Oschner Flight Care; New Orleans, Louisiana
- Air Evac Lifeteam- Corinth, Mississippi

Air service is provided through helicopter and fixed wing aircraft. Six licensed helicopter services provide emergency scene flights to designated areas of the state. Complete state coverage of emergency air ambulance service has not yet been accomplished. Non-emergency coverage is available statewide through 14 helicopter and three fixed-wing aircraft.

The licensure branch of the Bureau, under statutory authority (MS Code 41-59-9), licenses ambulance services by location and issues permits for each vehicle the service operates. Licenses are issued for ground and air services.

In Mississippi, corporate ambulance service ownership exceeds the number of hospital and government owned ambulance services. This trend is similar to the national trend towards the privatization of ambulance services. However, 45 of Mississippi's EMS providers are hospital based, which include public, private, non-profit, church, and public-lease hospitals.

Every ambulance vehicle permitted in the State of Mississippi is inspected at least two times each year to ensure compliance with EMS Law, Rules, and Regulations.

Compliance

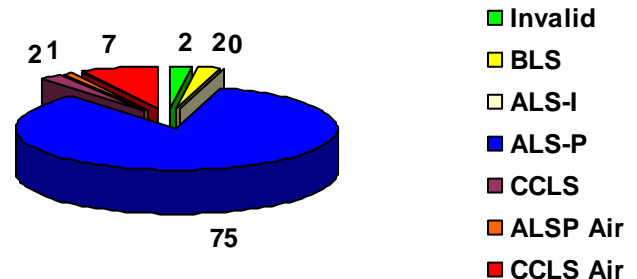
The licensure branch assures compliance with the Mississippi EMS: The Law, Rules, and Regulations.

This includes the licensing of ambulance services and inspection of vehicles.

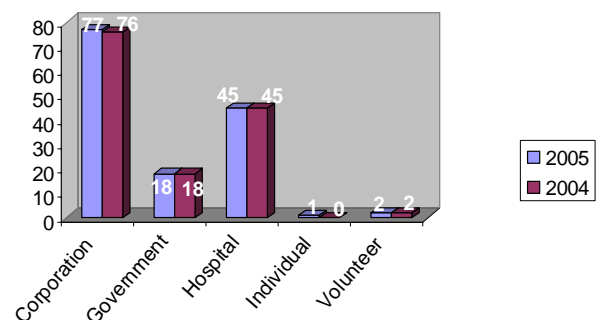
The compliance branch licenses ambulance services by the level of care they provide. These levels include:

- Invalid transport services
- Basic Life Support (BLS)
- Advanced Life Support-Intermediate (ALS-I)
- Advanced Life Support-Paramedic (ALS-P)

Services by Level FY'05



Services by Ownership FY'05



Emergency Medical Services Emergency Preparedness

The licensure branch also coordinates pre-hospital Weapons of Mass Destruction (WMD) training free of charge to all EMS providers in the State of Mississippi. Through this program, over 150 EMS providers were trained to the Office of Domestic Preparedness Awareness level in 2005. Five (5) EMS providers were trained to the Operations-EMS level of preparedness. In line with the current trends in disaster training, the WMD training will be expanded to focus on all-hazards training to better equip EMS to respond to any disaster event. In 2006, more Awareness level classes will be offered as well as operations level classes in the hopes to saturate the state with qualified, well-trained disaster response personnel.

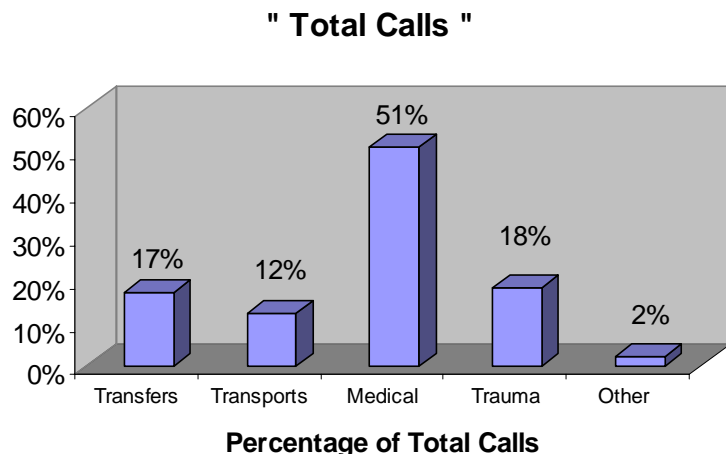
Mississippi Emergency Medical Services Information System (MEMSIS)

Mississippi established the first Mississippi EMS Information System (MEMSIS) in 1992. Every licensed ambulance service was required by the Mississippi Code Section 41-59-41 to report every EMS response to the Bureau of EMS (BEMS). This data collection system was modeled after the National Highway Traffic Safety Administration's (NHTSA) minimum data set for pre-hospital providers. In 1993, BEMS added the second component that maintained information on testing, certification, and ambulance licensing.

In FY'01, BEMS began implementation of the new MEMSIS. The new MEMSIS is a paperless patient encounter form system. Software is provided by BEMS to all licensed ambulance services. EMS encounter information is entered into the computer locally and is then transmitted to the state via modem. The new system minimizes errors and shortens time frames of when information is available to fill report requests. It also allows BEMS to collect a larger amount of data, which gives a better picture of EMS care in Mississippi.

The new MEMSIS has several significant changes. Previously, there were two types of calls, medical and trauma, with inter-facility transfers documented as medical calls. Now MEMSIS recognizes four types of calls: medical, trauma, transfers (which are only between acute care facilities), and transports.

Trauma and medical calls represent the true emergency responses since most transfer, transport and standby calls are scheduled in advance. To more accurately reflect the status of true emergency calls, the numbers used in this section as "Total Calls" are trauma/medical responses only.



In FY'05, Mississippi providers responded to 339,883 total calls. This number includes all emergency and cancelled calls.

Age and gender statistics for patients encountered by EMS personnel in FY'05 are shown and compared to Mississippi population statistics.

Ages	Total	Federal Total*
Infant – 4	2%	7.2%
5 thru 9	1%	7.6%
10 thru 14	2%	7.7%
15 thru 19	5%	8.2%
20 thru 24	5%	7.5%
25 thru 34	8%	13.4%
35 thru 44	10%	15%
45 thru 54	12%	12.7%
55 thru 59	6%	4.6%
60 thru 64	5%	4.0%
65 thru 74	13%	6.5%
75 thru 84	16%	4.0%
85 and over	14%	1.5%

***US Census Bureau 2002 Summary for Population in age range for Mississippi**

Fifty-three percent of all emergency call patients were white, 40% were black and Three percent were other.

The 2002 Census statistics indicated that, in Mississippi, 61.4% of the population is white; 36.3% is black; and 6% are in other categories.

The highest call volume occurred on Fridays, with 15% of the total calls. This percentage has remained the same for the last four years. As noted previously, this data does not include “transfers, transports or standbys.”

Calls By the Day of the Week in FY'05

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30,437	32,822	32,343	31,787	32,551	34,772	32,865

The busiest times of the day for EMS calls are from mid morning through early evening. The following chart reflects the busiest 16 hours of the day by rank busiest = 1.

HOUR	FY'02	FY'03	FY'04	FY'05
0700	16	15	15	15
0800	13	13	13	13
0900	10	9	10	10
1000	7	5	7	7
1100	4	3	3	3
1200	2	2	5	2
1300	6	7	6	6
1400	5	6	2	5
1500	1	1	1	1
1600	3	4	4	4
1700	8	8	8	8
1800	9	10	9	9
1900	12	11	11	11
2000	11	12	12	12
2100	14	14	14	14
2200	15	16	16	16

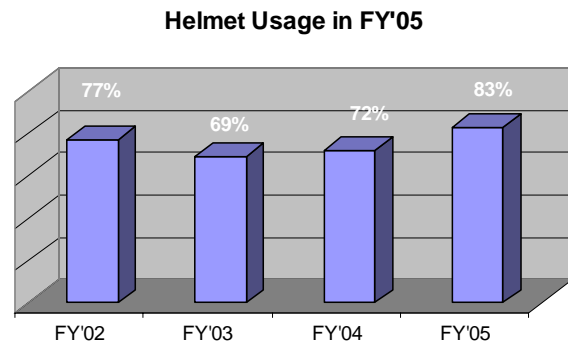
SAFETY DEVICES

The majority of EMS Trauma calls involve motor vehicle crashes. The following chart shows the use of various safety devices for the past three years.

Safety Device	FY'02	FY'03	FY'04	FY'05
Lap Belt	60%	60%	63%	68%
Shoulder Belt	61%	60%	63%	69%
Automatic Belt	2%	2%	3%	1%
Air Bag	9%	10%	12%	13%
Safety Seat	2%	2%	2%	2%
None	21%	20%	22%	22%
Unknown	13%	14%	15%	13%

There is a slight increase in the use of safety devices during the 2005 Report Year.

Mississippi has a mandatory helmet law. In FY'05 compliance with this law is 83% in EMS patients.



Response Times

During the evaluation of response times this year, it was discovered that the current reporting structure produces reports of each county's average by individual response unit. Obtaining statewide average response times requires calculating the counties' averages. To help alleviate problems we have weighted the response times based on unit call volume.

Trauma Response Times*

	2002	2003	2004	2005
Received-Dispatch	0.1	0.2	0.1	0.2
Dispatch-En route	0.3	0.3	0.3	0.3
En route-On Scene	5.8	5.7	5.8	5.8
Time On Scene	8.7	8.5	7.6	7.6
Scene-Destination	6.6	6.3	6.5	6.5
Time at Destination	8.5	8.5	8.3	8.4
Total Call Time	36.5	35.7	36.4	36.4

*(decimals are tenths of a minute)

Personnel time at scene appears to be decreasing. This may be the result of prehospital personnel becoming more familiar with trauma treatment protocols and the need to expedite transport.

Medical Call Response Time*

	2002	2003	2004	2005
Received-Dispatch	0.2	0.2	0.1	0.2
Dispatch-En route	0.3	0.3	0.4	0.3
En route-On Scene	6.2	5.9	6.3	6.2
Time On Scene	10.9	11.0	10.7	10.6
Scene-Destination	10.1	10.2	10.3	10.2
Time at Destination	12.1	12.3	13.0	12.4
Total Call Time	45.5	45.8	47.6	39.9

*(decimals are tenths of a minute)

When comparing the time at destination for medical calls versus trauma calls, the medical response times for medical runs is, on average, four minutes longer. This most likely reflects the presence of a trauma team awaiting the trauma patient. Frequently, with medical patients, ambulance crews must wait for hospital staff to take over care of their patients.

Consistent with previous years, over 50% of all call responses were to a residence. Differences this year were the elimination of hospitals. In FY'05, call responses to a residence decreased by 13% from the FY'04. Call responses to schools increased by 5% from the FY'04.

<u>Location</u>	<u>Percent</u>
Residence	41%
All Roads/Highways	14%
Nursing Homes	10%
Public Place	5%
School	6%
Restaurant/Bar	1%
Doctors Office	1%
Clinic	2%
Other	4%

In FY'05, 325,477 patients were transported to a hospital emergency department. During this year, 5,906 patients were transported to a Tennessee hospital. Listed in order are the ten hospitals receiving the largest number of patients, excluding transfers.

<u>Hospital</u>	<u>City</u>	<u>No. Calls</u>
Jeff Anderson Regional Medical Center	Meridian, Mississippi	3,242
North Mississippi Medical Center	Tupelo, Mississippi	3,065
Forrest General Hospital	Hattiesburg, Mississippi	2,623
River Region Health System, Inc.	Vicksburg, Mississippi	2,391
Memorial Hospital at Gulfport	Gulfport, Mississippi	1,738
Rush Foundation Hospital	Meridian, Mississippi	1,656
The University of Mississippi Medical Center	Jackson, Mississippi	1,618
Baptist Memorial Hospital-DeSoto	Southaven, Mississippi	1,549
Baptist Memorial Hospital-Golden Triangle	Columbus, Mississippi	1,525
South Central Regional Medical Center	Laurel, Mississippi	1,500

Types of Call—Trauma

EMS personnel responded to 59,834 trauma calls during FY'05. This is, approximately, a 3% decrease in calls from FY'04.

	<u>FY'02</u>	<u>FY'03</u>	<u>FY'04</u>	<u>FY'05</u>
MVC	35,042	35,234	36,819	33,620
Fall	14,303	14,526	14,138	14,070
Assault	5,663	6,084	5,443	5,548
Gunshot	893	926	790	764
Stabbing	1,301	1,442	1,201	1,152
<u>Other</u>	<u>5,117</u>	<u>5,016</u>	<u>5,040</u>	<u>1,703</u>
Total Calls	62,319	63,228	63,432	59, 834

Motor vehicle crashes continue to be the largest percent of all reported trauma calls. This number has consistently been greater than 50%. There does appear to be a slight increase in violent crime trauma overall (assault, GSW, stabbing). Since this is a one year change, the category will need to be watched in subsequent years for trending purposes.

BEMS collects information on the injured body region on all trauma calls. As in previous years, the head region is the leading body area for injury.

During FY'05, there were 59,834 trauma calls resulting in the following injuries.

TRAUMA SUMMARY

	Amputate	Blunt	Burn	Fx/Dislocate	Lacerate	Pain	Penetrate	Soft Tissue	<u>Totals</u>	
Abdomen	3	294	52	16	116	1,972	127	223	2,803	3.9%
Arm/Hand	56	389	263	1,091	2,200	6,482	293	1,888	12,664	17.6%
Back	2	228	63	95	142	6,614	95	303	7,542	10.5%
Chest	0	609	81	137	135	2,749	180	365	4,256	5.9%
Eye	1	168	37	25	445	507	28	368	1,579	2.2%
Face	12	756	177	186	2,019	2,167	92	1,510	6,919	9.6%
Head	5	1,824	89	149	3,588	5,771	233	1,953	13,612	19%
Hip/Pelvis	3	217	37	904	88	3,346	58	137	4,790	6.7%
Leg/Foot	45	410	141	1,649	978	7,050	315	1,230	11,818	16.5%
Neck	1	174	65	128	132	5,101	44	165	5,810	8.1%
Totals:	128	5,069	1,0005	4,380	9,843	41,759	1,465	8,142	71,793	
	0%	8%	2%	7%	15%	65%	2%	13%		

Total of 59,834 Trauma Calls

(Out of 339,883 calls in specified range)

The largest category is “Pain.” Injuries not on the body surface (sprains, etc.) are generally reported as “pain,” hence the large numbers of pain in the area of the arm/hand; back; leg/foot; and head. Motor vehicle collisions produce large numbers of lacerations making this the second largest category of injury.

Type of Call—Medical

Medical emergency-related calls remain the largest category of calls, comprising 49% of all calls. However, the incidence of “stroke” related calls appears to have slightly decreased to 1.0%.

Illustrated below are the major illnesses and symptoms reported during FY’05.

<u>Reported</u>	<u>FY’04</u>	<u>FY’05</u>
Weakness	16.2%	25.7%
Pain	14.1%	13.0%
Breathing difficulty	13.7%	11.0%
Chest Pain	8.2%	7.0%
Altered LOC	7.7%	6.5%
Seizure	4.6%	3.5%
Nausea	4.6%	3.9%
Abdominal distress	4.3%	3.9%
Vomiting	4.2%	3.6%
Behavioral	3.9%	4.6%
Diabetic	3.0%	2.4%
Syncope	2.9%	2.7%
Fever	2.2%	1.9%
Cardiac Arrest	1.8%	1.3%
Drug/ETOH	1.5%	1.4%
Stroke	1.3%	1.0%

“Weakness” continues to be the largest medical complaint. However, “weakness” has increased from 16.2% in FY’04 to 25.2% in FY’05.

Prior Aid Given

There appears to be a significant trend over the past three years for increased assistance being provided to trauma victims prior to the arrival of EMS personnel. In particular, the use of AEDs and airway/CPR prior to the arrival of EMS personnel has increased substantially.

EMS Aid Providers

	<u>FY'02</u>	<u>FY'03</u>	<u>FY'04</u>	<u>FY'05</u>
AED	7	23	82	56
Airway	14	97	67	76
CPR	40	89	424	350
Extricate	57	155	54	77
Other	395	1820	1,625	1,882
Oxygen	69	193	4,141	5,630
Splinting	19	47	178	194
Wound management	59	130	617	453

Basic Life Support (BLS) procedures performed by EMS personnel for FY'05 remain consistent with previous years.

<u>BLS Procedures</u>	<u>Percent of Total Calls</u>
Oxygen Therapy	61%
Spinal Immobilization	18%
Crisis Intervention	<1%
Airway	<1%
Wound Management	4%
Splint Extremity	2%
CPR	1%
Suction	<1%
Ventilation	<1%

Advance Life Support (ALS) procedures differ from BLS procedures in that they can only be performed by personnel certified as an EMT-Intermediate or EMT-Paramedic.

<u>ALS Procedures</u>	<u>Percent of Total Calls</u>
Cardiac Monitor	25%
Vascular Access	21%
Drug Administration	13%
Pulse Oximetry	24%
Blood Glucose Check	10%
Intubation-oral	<1%
Intubation-nasal	<1%
12 Lead EKG	2%

As discussed with BLS procedures there is little variation in the number of ALS procedures from previous years.

Automated External Defibrillator Program

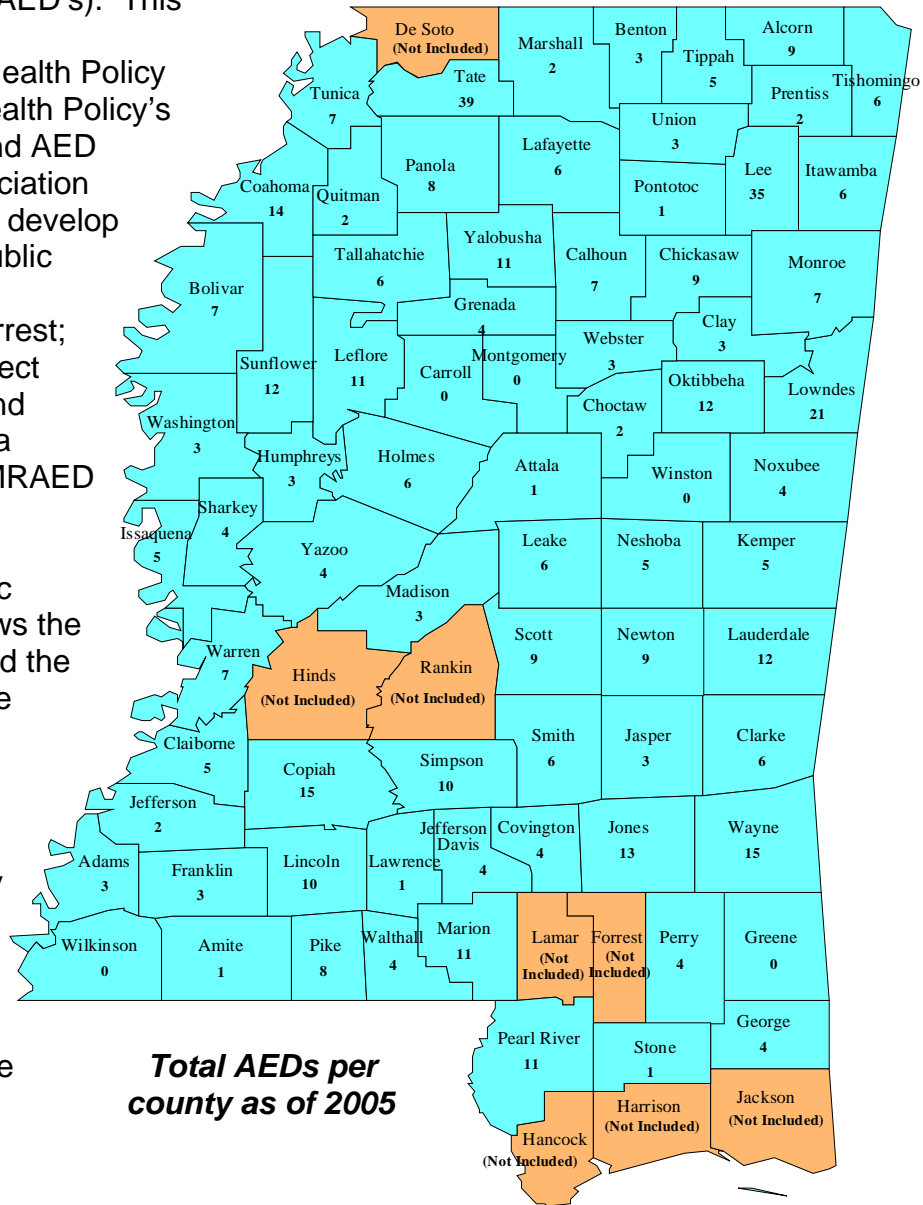
The Mississippi Rural Access to Emergency Devices (MRAED) program is supported by the Bureau of Emergency Medical Services and the Office of Rural Health. The broad goal of the MRAED Program is to reduce the incidence of cardiac arrest and increase the survivability of cardiac arrest by developing community partnerships to educate the public in early notification through 911 or emergency numbers, early CPR, early defibrillation with Automatic External Defibrillators (AEDs), and early intervention by ALS. To achieve this goal, MRAED is providing rural community partnerships with a program to promote placement of (AED's). This program

is in compliance with the Office of Rural Health Policy Placement Model. The Office of Rural Health Policy's program is to provide basic life support and AED training through the American Heart Association (AHA) or the American Red Cross (ARC); develop public relations templates and promote public information on early warning signs and symptoms of heart disease and cardiac arrest; utilize a data collection mechanism to collect data on all AED use in First Responder and Public Access Programs; and to develop a mechanism for continued funding of the MRAED program after federal funding expires.

In Mississippi, all training – for both Public Access as well as First Response – follows the guidelines of the American Red Cross and the American Heart Association. Trainers are located

throughout the state and travel to each training area to provide the needed classes. Standard refreshers are offered in much the same manner with frequency of re-certification

for providers to be every two years. The make and model of AED units to be purchased are left up to the community partnership. This enables them to choose a unit compatible with their existing EMS system. Several counties chose units listed on state contract.



Regardless of First Response or Public Access unit placement, data collection will be compiled at the Mississippi Department of Health (MDH), Bureau of Emergency Medical Services (BEMS). Currently, AED information from an incident involving an AED with EMS arrival and treatment is entered into Mississippi Emergency Medical Services Information System (MEMSIS).

By state law, all licensed ambulance services are required to encode data into this system, creating a local database at each service. MEMSIS has compiled ten years worth of data, with information from almost four million calls for research.

The Mississippi Department of Health (MDH), Bureau of Emergency Medical Services (BEMS) – as lead agency for the Rural Access to Emergency Devices Grant (RAED) – in association with the planning committee, the Mississippi Rural Access to Emergency Devices (MRAED) consortium, utilized the Rural AED Placement Model. This model is a mathematical and probabilistic evaluation of cardiac arrest incidence and automated external defibrillator (AED) needs based on 2000 census data for all rural census tracts of Mississippi. The RAED placement model evaluated each census tract based on the population and square mileage of the tract. Using published, peer-reviewed literature, supported with state and local data and cardiac arrest incidence within rural areas, a predicted cardiac arrest rate (5 cardiac arrest per 100 people per year) was projected onto each census tract.

Mississippi EMS Rural Paramedic Scholarship Program

The Bureau of Emergency Medical Services (BEMS) has partnered with the Mississippi Rural Hospital Flexibility (MFLEX) Program which is administered by the Health Services Resources Administration's (HRSA) Office of Rural Health. Through this grant program, BEMS has established a Rural Paramedic Scholarship Program.

Thirty-six of Mississippi's counties which have Critical Access Hospitals (CAH) and potential CAHs are short 106 EMT-Paramedics based on the counties' populations. Such statistics are particularly troubling for rural EMS services. For the past four years, MFLEX has provided money for scholarships each year in return for practice year for year in rural services that operate in a CAH or potential CAH county. To date, the scholarship program has graduated 24 students that are currently working in rural areas of the state. There are 20 students currently enrolled in the scholarship program.

The Mississippi Rural Paramedic Scholarship program has chosen to address rural emergency medical services needs for additional EMT-Paramedic manpower through the provision of scholarships at the community college and medical center training programs around the state.

The intent of this scholarship is to provide funding for students who, upon graduation, agree to be employed in an area of Mississippi that is considered to be at-risk for emergency medical services, as determined by the Mississippi Department of Health, Office of Rural Health. This scholarship is available to incoming freshmen as well as students already enrolled in an EMT-Paramedic program. This scholarship is designed to cover the cost of tuition, books, room, board, and other fees.

Recipients must agree to serve, upon graduation, in an at-risk area for a number of years equal to the number of years that the scholarship is received. This stipulation is contingent on the availability of employment in an at-risk area.

Additional requirements of the scholarship are as follows:

1. Recipients must meet all the necessary qualifications for admission into the college's EMT-Paramedic program.
2. Recipients will be selected on the basis of academic ability, character, leadership, and professional attitude.
3. Recipients must maintain a minimum of 12 hours per semester and be making satisfactory progress toward completion of the program.

4. Recipients must remain in academic good standing.
5. Recipients must successfully complete the Paramedic National Registry Exam.
6. Recipients agree to repay all funds awarded should they fail to abide by the requirements set forth in this scholarship.

Section III

Mississippi Trauma Care System

Mission Statement

The mission of the Mississippi Trauma Care System is to develop and maintain a statewide trauma system to ensure Mississippians receive the highest quality of care possible, provide a continuum of care from initial injury detection through definitive care including rehabilitation, and decrease injury and death due to traumatic injury.

The primary goal of the Mississippi Trauma System Care Program is “to provide the architecture for a trauma system which will decrease morbidity and mortality from traumatic injury.”

This Trauma report is an updated analysis of the activities and efforts of the Mississippi Trauma Care System. The purpose of this report is to inform the public, decision makers, trauma centers, and the medical community regarding how the Mississippi Trauma System has improved the care and outcomes of the injured trauma patient.

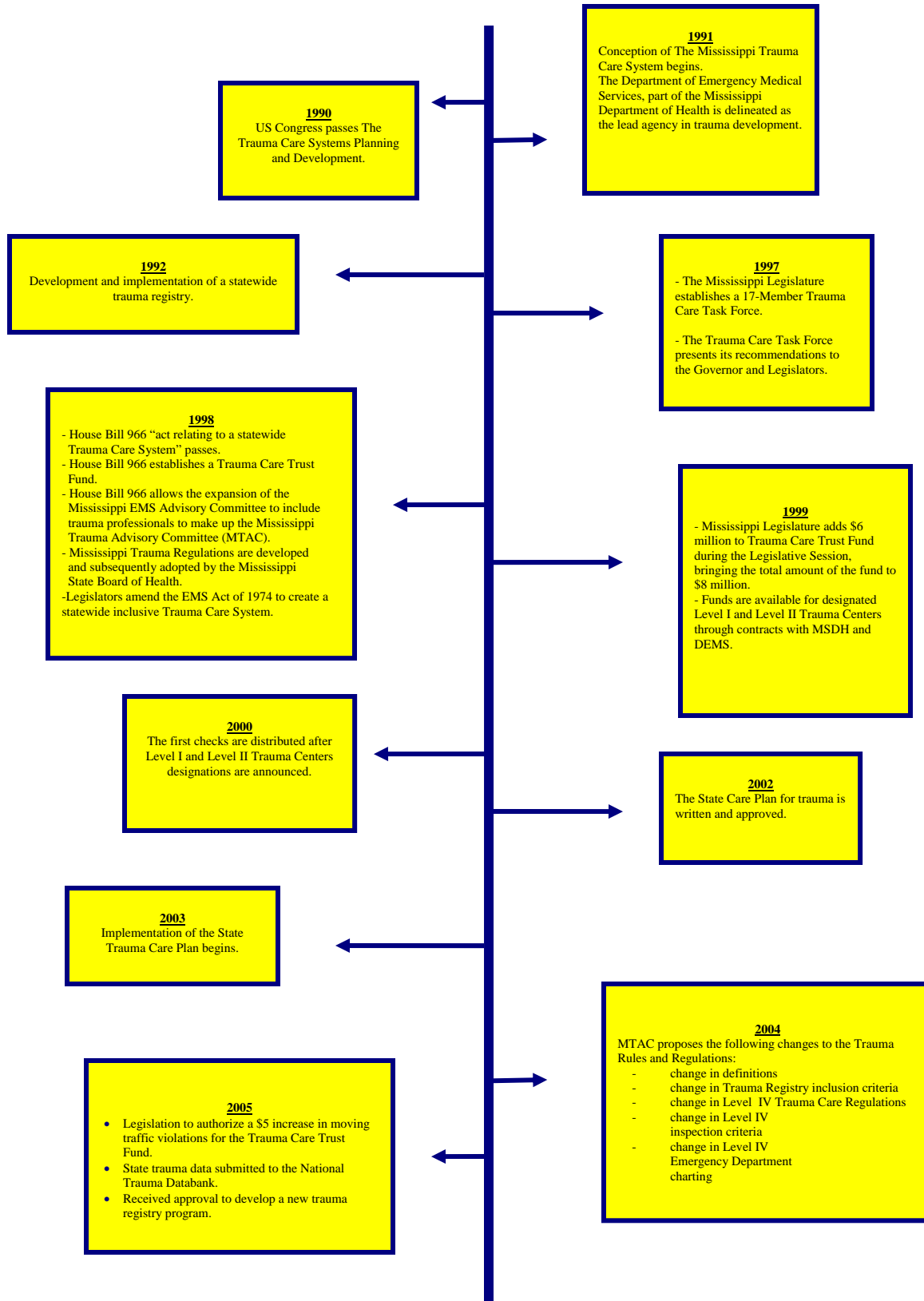
The data used in the development of this report originated from trauma centers submitting registry data to BEMS on a semiannual schedule. The data collected by the registry regards the causes of injury, emergency response, referring facility care, emergency department treatment, demographics, admission information, outcomes, and payment sources.

In 1997, the Mississippi Legislature established a 17-member Trauma Care Task Force (TCTF) to review the status of trauma and its impact on the public's health. The recommendations of the TCTF were compiled into a report presented to the Governor and Legislature on December 15, 1997. The report was used as a guideline for drafting and subsequent passage of House Bill 966, an act relating to a statewide Trauma Care System.

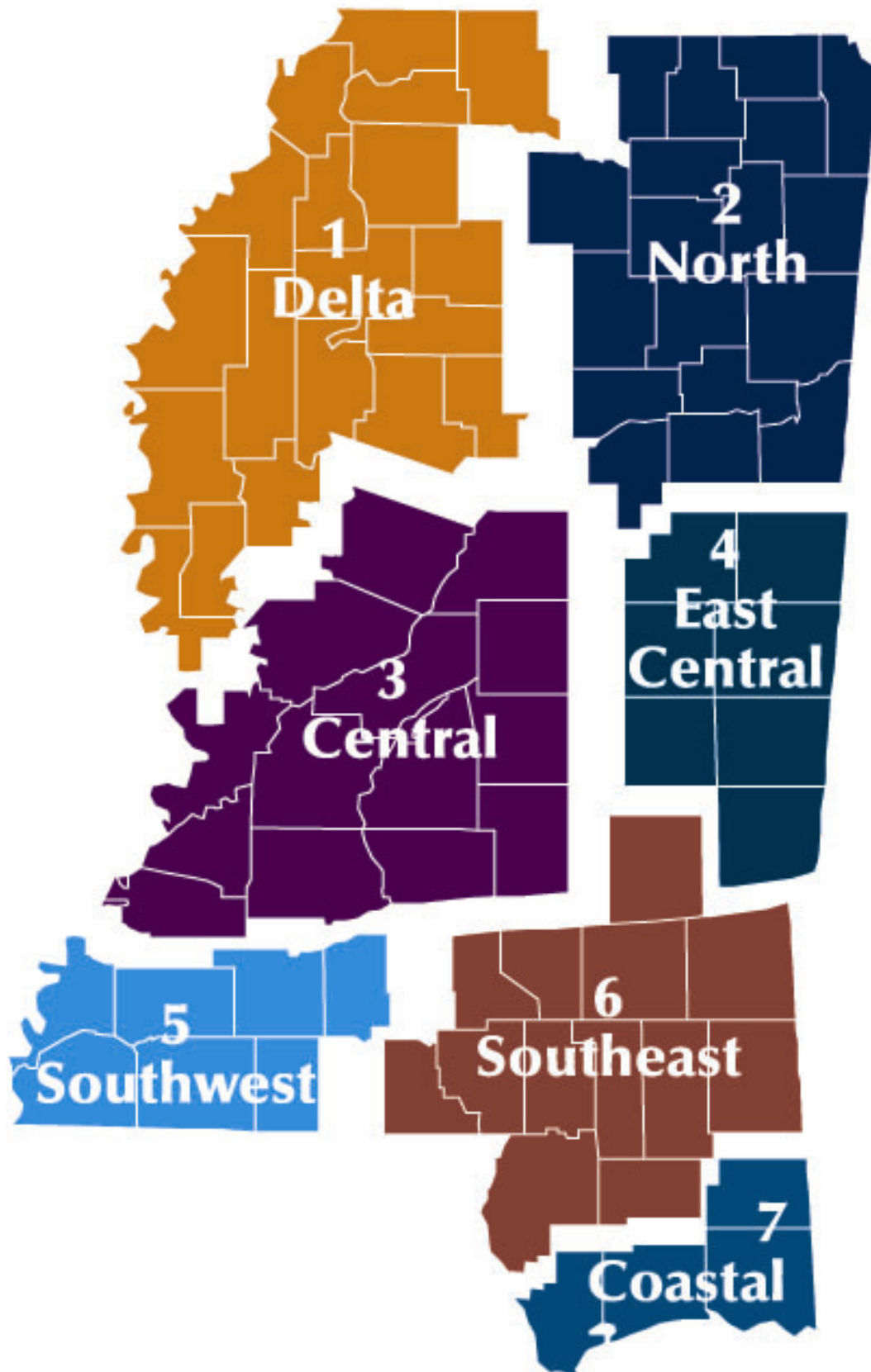
Based on the TCTF report, the 1998 Legislature passed legislation (HB 966) giving MDH-BEMS the authority to develop a statewide trauma care system. This legislation also established a permanent funding source through a \$5 assessment on all moving traffic violations, creating the Trauma Care Trust Fund. This money is available for administrative functions at both the state and regional levels. The legislation also expanded the Mississippi Emergency Medical Services Advisory Council to include trauma professionals, which make up the Mississippi Trauma Advisory Committee (MTAC).

MTAC was developed as a subcommittee of the EMS Advisory Committee. In 1998, they developed the Mississippi Trauma Care Regulations and subsequently were adopted by the Mississippi Board of Health.

History of the Mississippi Trauma Care System



Mississippi Trauma Care Regions



Hospital Status System

The Hospital Status System (HSS) is a user-friendly, web-based application designed to assist trauma centers with matching the Mississippi health care system resources to the needs of the trauma patient. This is accomplished by giving the hospital staff a bird's eye view of the status of services offered by all the Mississippi Trauma Care Centers, as well as non-designated hospitals as they join the program. This system has been approved by the Mississippi Trauma Advisory Committee (MTAC) and the Mississippi Hospital Association (MHA).

This system allows each hospital the ability to change the status of all the services they provide and to view the status of services offered by other hospitals in the system. No hospital has the capability to change any information regarding another hospital.

In an effort to enhance the Hospital Status System (HSS) to achieve maximum benefit, in September 2004, a new Mississippi Bioterrorism (BT) Hospital Preparedness Program piece was added to the HSS. The BT component is an emergency management tool that allows the Mississippi Department of Health (MDH) to gather baseline information twice per year from each hospital for emergency planning efforts. This component also allows for alert notification and real-time asset assessment during public health emergencies. When you log into the system, in the event of an emergency or when the hospital's Baseline Profile is due, you will see one of the following text boxes directly under "You are logged in as:

AN EMERGENCY

"An emergency has occurred. Please click here to complete your Emergency Profile so that we may better coordinate statewide response to this emergency."

OR

"Your Emergency Profile is NOT complete. We need complete information in order to better coordinate a statewide response to this emergency. Please click here to return to your Emergency Profile."

BASELINE PROFILE DUE

"Your periodic Baseline Statistics update is due. Click here to begin the update."

NOTE: if there is an active emergency and it is time for the periodic update, the periodic message will be hidden - only the emergency message is displayed.

Trauma Center Designation Levels

Designation levels set specific criteria and standards of care that guide hospital and emergency personnel in determining the level of care a trauma victim needs and whether that hospital can care for the patient or transfer the patient to a Trauma Center that can administer more definitive care.

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
<ul style="list-style-type: none"> • Emergency department • Full-service surgical suite • ICU • Diagnostic imaging • Residency program • Ongoing trauma research • 24 hour trauma service • Referral facility for Level II, Level III and Level IV Trauma Centers 	<ul style="list-style-type: none"> • Emergency department • Full-service Surgical suite • ICU • Diagnostic imaging • Referral facility for Level III and Level IV Trauma Centers • Transfer agreement with Level I Trauma Center for specialty care 	<ul style="list-style-type: none"> • Emergency department • Continuous general surgical coverage • Continuous orthopedic coverage • Transfer agreements with Level I and II Trauma Centers for patients requiring a higher level of care • Referral center for Level IV Trauma Centers 	<ul style="list-style-type: none"> • Emergency department • Initial evaluation and assessment of injured patients • Most patients will require transfer to a facility with a higher level of care • Must have transfer agreements in place with Level I, II, and III Trauma Centers

The Mississippi Trauma Care System Regulations provide information regarding specific levels of designation, the trauma center application process and the trauma center inspection process.

Educational Consultative Visits

Hospitals who participate in the trauma system or would like to participate may request a consultative review of its facilities. Such a review is used to assist the applicant hospital in preparation for a trauma center inspection.

During FY'05, trauma centers that requested and received educational visits were:

Coastal MS Trauma Care Region

- Singing River Hospital

North MS Trauma Region

- Oktibehha County Hospital

Current Trauma Centers and Regional Maps

Trauma Centers in the Mississippi Trauma System care for a variety of injured patients. These patients are provided immediate resuscitation and stabilization, and definitive acute care. It is their

mission to provide optimal trauma care to these patients. The Trauma Centers, in collaboration with the Trauma Regions are dedicated to trauma care, teaching and injury prevention in an effort to decrease both death and disabilities.

There are rules and regulations mandated by the Mississippi Department of Health, Division of Trauma System Development and Injury Control, with which compliance is necessary to be a designated Trauma Center. These rules and regulations are examined on a frequent basis as to their compliance.

Trauma patients are cared for at these Trauma Centers regardless of that patient's financial status. The multi-disciplinary approach follows the patient throughout the continuum of care from pre-hospital to rehabilitation.

Trauma Centers work to continually improve critical elements of trauma care. This is done by the performance improvement process. The Trauma Centers are required to maintain a Trauma Registry with up to date information. This registry provides assistance in the performance improvement process to the centers. Also this data is required twice a year to BEMS for statistic information and once a year for indigent reimbursement.

Regional Maps

Region 1 – Delta Trauma Care Region

Regional Director: Gerry Whitfield
617 Middleton Rd.
Winona, MS 38967
601-662-283-4831

Trauma Centers

Level I

Regional Medical Center at Memphis – Memphis, TN

Level II

Delta Regional Medical Center - Greenville

Level IV

Alliance Healthcare – Holly Springs

Baptist Memorial Hospital – Desota – Southaven

Bolivar Medical Center – Cleveland

Greenwood Leflore Hospital – Greenwood

Grenada Lake Medical Center – Grenada

North Sunflower County Hospital – Ruleville

South Sunflower County Hospital – Indianola

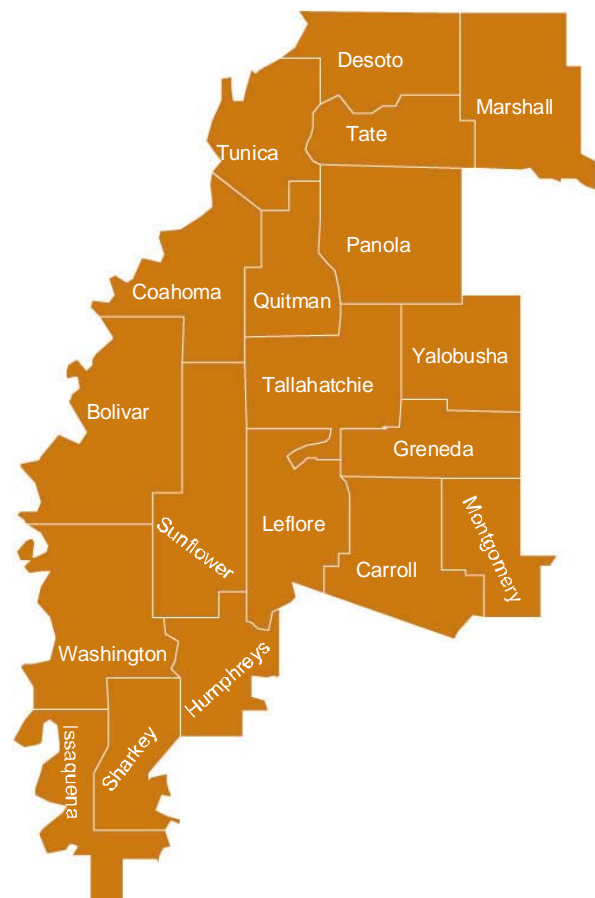
Northwest MS Regional Hospital – Clarksdale

Quitman County Hospital – Marks

Tallahatchie General Hospital – Charleston

Tri-Lakes Medical Center – Batesville

Tyler Holmes Memorial Hospital – Winona



Region 2 – North Trauma Care Region

Regional Director: Renee Trainer
2168 S. Lamar Blvd.
Oxford, MS 38655
601-662-236-9912

Trauma Centers

Level II

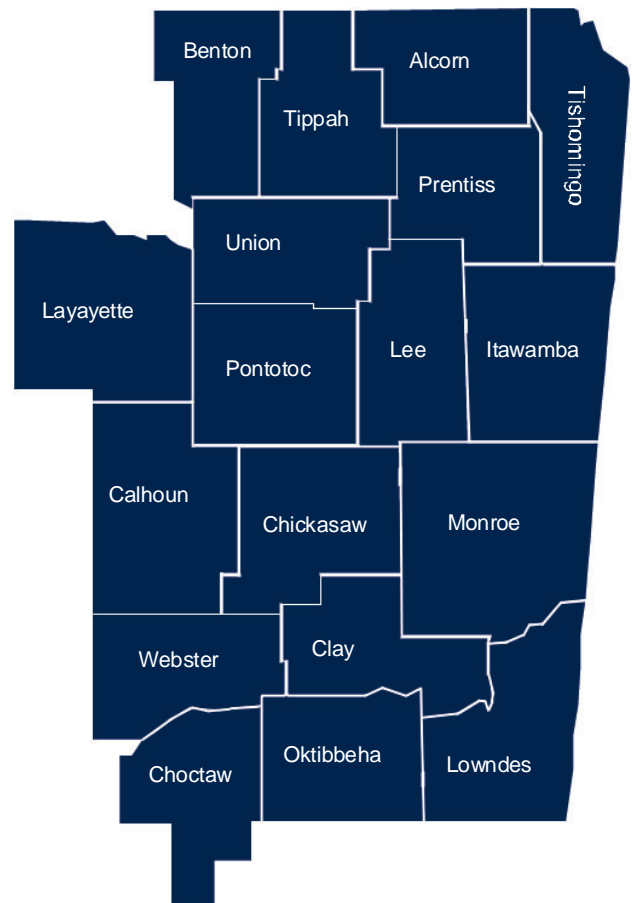
Baptist Memorial Hospital Golden Triangle – Columbus
North MS Medical Center – Tupelo

Level III

Baptist Memorial Hospital – Oxford
North MS Medical Center Clay County – West Point
Oktibehha County Hospital – Starkville

Level IV

Baptist Memorial Hospital – Booneville
Baptist Memorial Hospital Union County – New Albany
Calhoun Health Services – Calhoun City
Choctaw County Medical Center – Ackerman
Magnolia Regional Health Center - Corinth
North MS Medical Center – Iuka
Pioneer Health Services – Aberdeen
Pontotoc Health Services – Pontotoc
Tippah County Hospital – Ripley



Region 3 – Central Trauma Care Region

Regional Director: Brad Carter
855 Pear Orchard Rd.
Ridgeland, MS 39157
601-206-1771

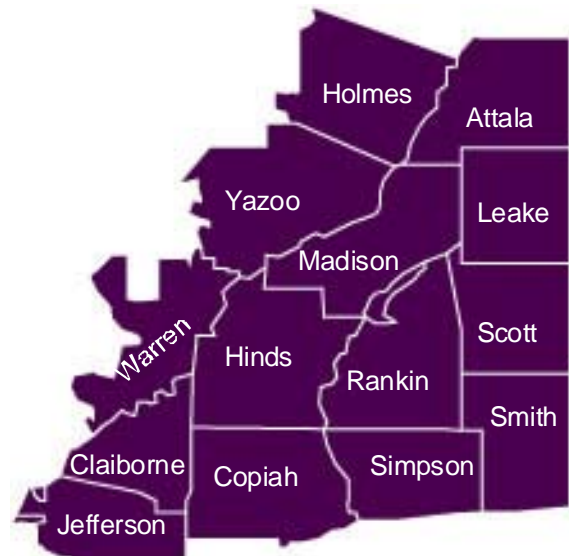
Trauma Centers

Level I

University of MS Medical Center – Jackson

Level IV

Claiborne County Hospital – Port Gibson
Hardy Wilson Memorial Hospital – Hazelhurst
Lackey Memorial Hospital – Forest
Leake Memorial Hospital – Carthage
Madison County Hospital – Canton
Montfort Jones Memorial Hospital – Kosciusko
Rankin Medical Center – Brandon
River Oaks Hospital – Flowood
Scott County Hospital – Morton
University Hospitals and Clinics – Lexington
River Regional Medical Center - Vicksburg



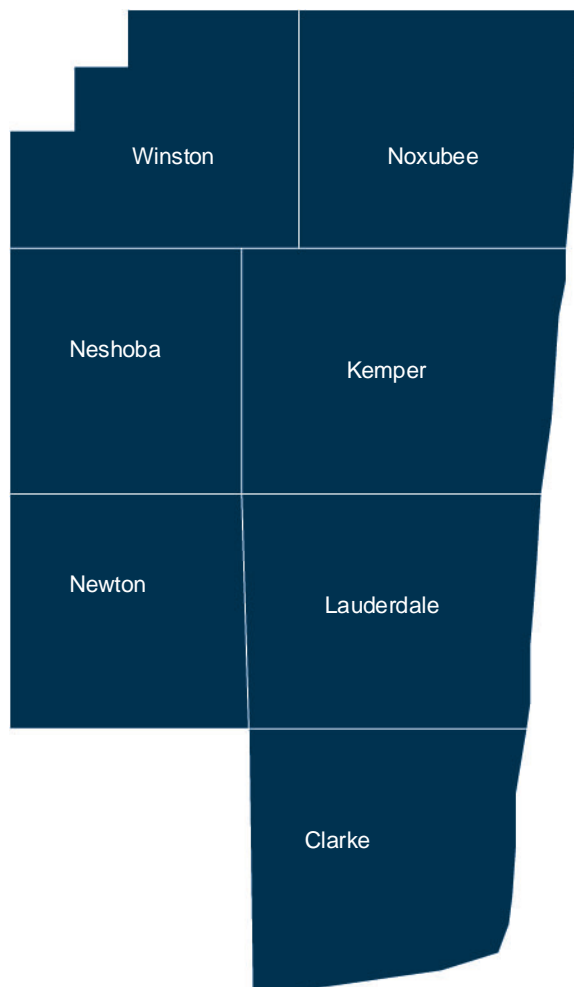
Region 4 – East Central Trauma Care Region

Regional Director: Fred Truesdale
605 S. Archusa Ave.
Quitman, MS 39355
601-766-6925

Trauma Centers

Level IV

Alliance Laird Hospital – Union
Choctaw Health Center – Philadelphia
H. C. Watkins Memorial Hospital – Quitman
Neshoba County Hospital – Philadelphia
Newton Regional Hospital – Newton
Riley Hospital – Meridian
Winston Medical Center - Louisville



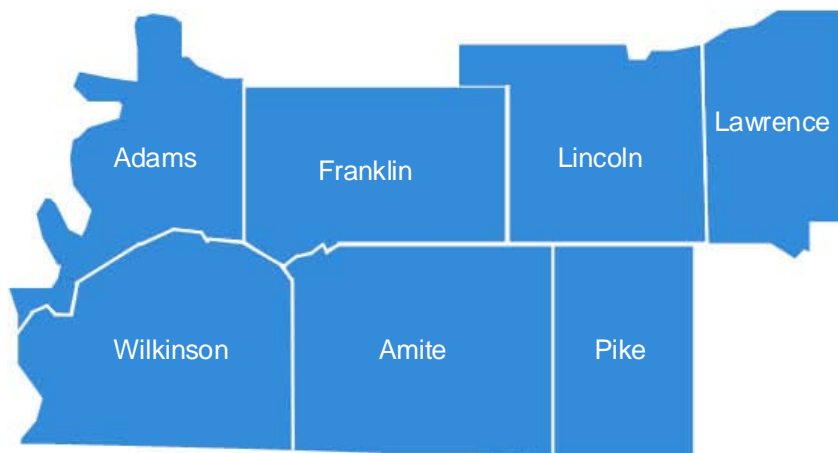
Region 5 – Southwest Trauma Care Region

Regional Director: Jimmy McMannus
P.O. Box 17709
Natchez, MS 39122
601-446-8240

Trauma Centers

Level IV

King's Daughters Medical Center – Brookhaven
Field Memorial Hospital – Centreville
Franklin County Memorial Hospital – Meadville
Lawrence County Hospital – Monticello
Natchez Community Hospital – Natchez
Natchez Regional Medical Center – Natchez



Region 6 – Southeast Trauma Care Region

Regional Director: Wade Spruill
P.O. Box 16389
Hattiesburg, MS 39404
601-264-0175

Trauma Centers

Level II

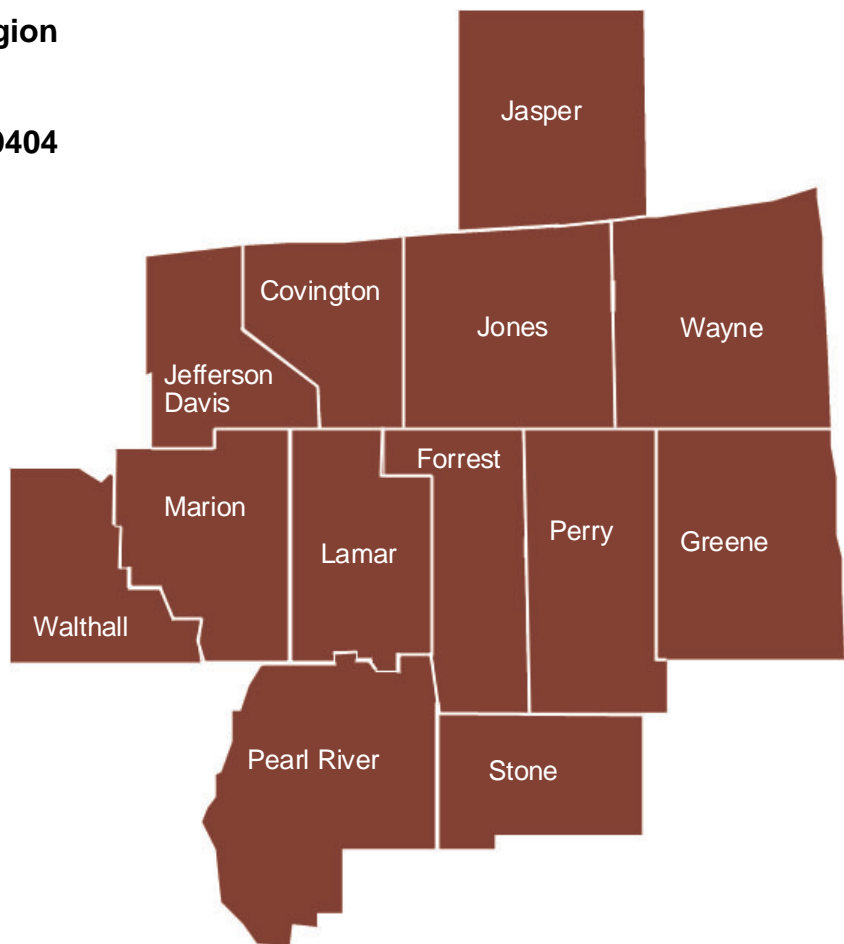
Forrest General Hospital – Hattiesburg

Level III

South Central Regional Medical Center – Laurel

Level IV

Covington County Hospital – Collins
Jefferson Davis Community Hospital – Prentiss
L. O. Crosby Memorial Hospital – Picayune
Marion General Hospital – Columbia
Perry County Hospital – Richton
Stone County Hospital – Wiggins
Walthall County Hospital – Tylertown
Wayne County Hospital - Waynesboro



Region 7 – Coastal Trauma Care Region

Regional Director: Gail Thomas
3220 Scott Dairy Loop West, Lot 1
Mobile, AL 36695
251-635-1288

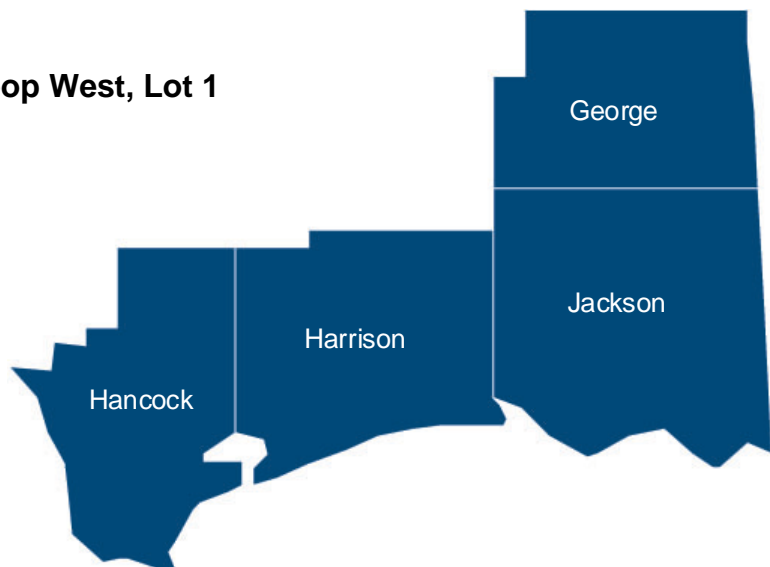
Trauma Centers

Level III

Ocean Springs Hospital – Ocean Springs
Singing River Hospital – Pascagoula

Level IV

Hancock Medical Center – Bay St. Louis
Memorial Hospital – Gulfport
Garden Park Hospital – Gulfport
Gulf Coast Medical Center – Biloxi
Biloxi Regional Medical Center – Biloxi
George County Hospital – Lucedale



Mississippi Trauma Advisory Committee (MTAC)

The Mississippi Trauma Advisory Committee (MTAC) acts as the advisory body for the Trauma Care System development and provide technical support to the Mississippi Department of Health, Office of Emergency Planning and Response in all areas of Trauma Care System design, trauma standards, data collection and evaluation, continuous quality improvement, trauma care system funding, and evaluation of the trauma care system and trauma care programs.

A listing of the MTAC membership may be found on the Mississippi Trauma Care System website at www.mstrauma.org.

Mississippi Trauma Registry Committee

The State Trauma Registry provides a forum to discuss issues and concerns regarding the Trauma One software and the Statewide Trauma Registry. The Trauma Registry Committee is made up of Trauma Coordinators and Trauma Registrars from across the State along with members from the Bureau of Emergency Medical Services (BEMS). It also provides a forum to discuss other topics such as additional needs and how to enhance the software to address needs of the Trauma Care System. Because the Trauma Registry is a vital tool in the development of the Trauma System, it is essential to address the problems related to software and look for areas of improvement through this committee.

The committee has developed a data dictionary for the use of clarifying the data that is put into the registry. It has also evaluated and selected a new trauma registry software developer.

Membership on this committee consists of trauma program managers, trauma registrars and trauma regional administrators throughout the state. A listing of committee membership may be found on the Mississippi Trauma Care System website at www.mstrauma.org.

Continuing Education Opportunities

In February 2005, the Mississippi Department of Health, Bureau of EMS was a major sponsor for the American Trauma Society Trauma Symposium held on the Mississippi Gulf Coast. This conference focused on the clinical aspects of trauma care and gave all providers the opportunity for continuing medical education.

The BEMS office continues to provide trauma registry basic data entry classes and reporting classes to all participating trauma system hospitals throughout the year.

Mississippi Emergency Medical Services for Children

The Emergency Medical Services for Children (EMSC) Program is a federally-funded initiative designed to reduce child and youth disability and death due to severe illness or injury. EMSC is the only Federal program that focuses on improving the quality of children's emergency care. It builds upon existing Emergency Medical Services (EMS) systems. Its goals are to ensure that state-of-the-

art emergency medical care is available for ill or injured children and adolescents, to ensure that pediatric service is well integrated into an emergency medical services system, and to ensure that the entire spectrum of emergency services including primary prevention of illness and injury, acute care, and rehabilitation – are provided to children and adolescents. To reach these goals, the EMSC Program provides grants to states to improve and enhance pediatric emergency care.

In the coming years, the Mississippi EMSC Programs plan to address several areas of need as they pertain to children's issues. There remains much to be done to ensure children receive optimal medical care. Health care providers, parents, caregivers, teachers, and local organizations involved with or interested in child health care can play a significant role in the effort to improve the care that children receive in Mississippi.

Traumatic Brain Injury/Spinal Cord Injury Program

The Mississippi Department of Health (MDH), Bureau of Emergency Medical Services (BEMS), Division of Trauma System Development, is responsible for coordinating and maintaining a statewide, population-based surveillance system for traumatic brain injury and spinal cord injury. The purpose of the system is to track all Mississippians from the time of injury until discharged from acute care, rehabilitation and subsequently death.

Surveillance is achieved under Sections 41-3-15, et.seq.; 41-3-17, et.seq., Mississippi Code of 1972. The law authorizes the MDH “to obtain, collect, and preserve such information relative to mortality, morbidity, disease and health as may be useful in the discharge of its duties or may contribute to the prevention of disease or the promotion of health in this state”.

The Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) program, within the BEMS, is under a grant with the Mississippi Department of Rehabilitation Services (MDRS) to provide monthly reports of cases to MDRS to help them determine each person's need for state assistance. The program is also under a sub-grant with Methodist Rehabilitation Center (MRC) for assistance with their traumatic brain injury model system. Quarterly reports are sent to MRC regarding patients with traumatic brain injury that were treated and transferred from the University of Mississippi Medical Center.

Trauma Registry Review

The Trauma Registry came about as a result of the passage of legislation during the 1991 Mississippi legislative session. The law provides that Mississippi Department of Health (MDH), Bureau of Emergency Medical Services (BEMS) - acting as lead agency - shall develop a plan and submit to the Legislature a plan for the triage, transport, and treatment of major trauma victims that at a minimum addresses the following:

- The magnitude of the trauma problem in Mississippi and the need for a statewide system of trauma care;
- The structure and organization of a trauma care system for Mississippi;
- Pre-hospital care management guidelines for triage and transportation of major trauma victims;
- Trauma system design and resources, including air transportation services, and provision for inter-facility transfer;
- Guidelines for resources, equipment, and personnel within facilities treating major trauma victims;

- Data collection and evaluation regarding system operation, patient outcome, and quality improvement;
- Public information and education about the trauma system;
- Medical control and accountability;
- Confidentiality of patient care information;
- Cost of major trauma in Mississippi; and
- Research alternatives and provide recommendations for financial assistance of the trauma system in Mississippi, including, but not limited to, trauma system management and uncompensated trauma care.

In 1992, BEMS took the first steps in developing a statewide trauma system by implementing a statewide trauma registry. The trauma registry was originally installed in five regional hospitals strategically located throughout the state. To date, each hospital participating in the Mississippi Trauma System is actively collecting trauma data and submitting it to BEMS. This data provides a stable foundation for the development of the Mississippi Trauma System.

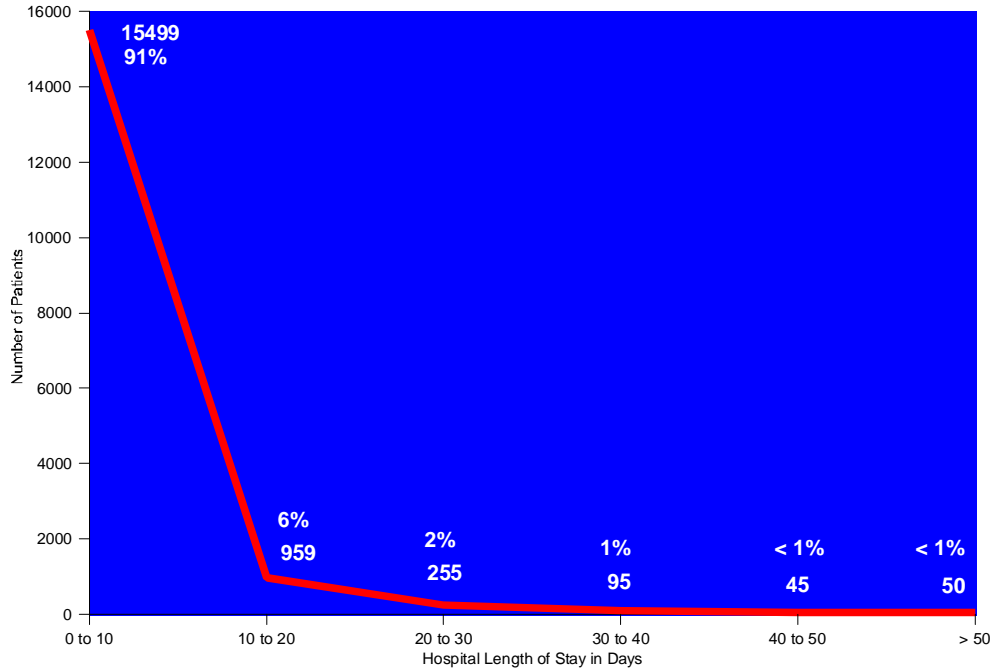
Utilization of the Trauma Registry

The Trauma Care System requires all designated trauma hospitals to participate in the state trauma registry system. There are four objectives of maintaining the trauma registry. These are *performance improvement, hospital operations, injury prevention, and medical research*. Of the four, performance improvement is the primary reason for maintaining a trauma registry. If utilized appropriately, performance improvement can be done in a much more efficient manner than if done manually. Secondly, the registry can help in managing resource utilization through daily logs, summaries, etc. Additionally, a requirement of all designated trauma centers in Mississippi is to participate in some way in injury control activities (injury prevention). The registry helps to identify injury control issues at the local, regional, and state levels. Finally, by all designated facilities capturing standardized data, the information can be used in clinical research. This will be done primarily at the state level.

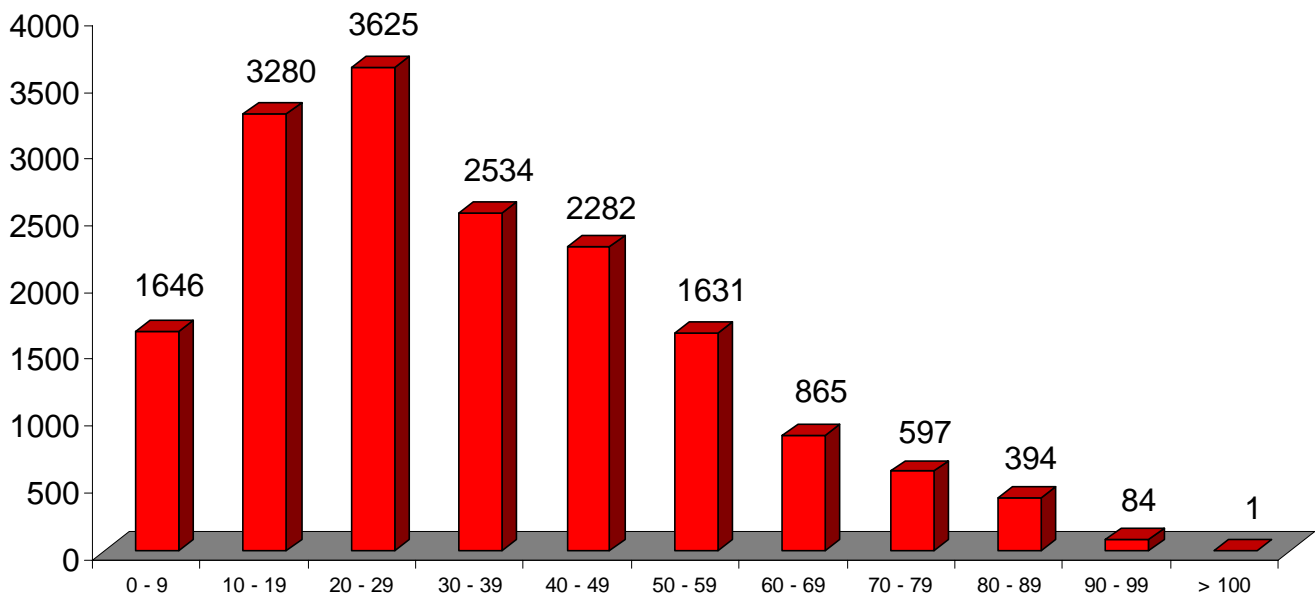
The state registry system is designed primarily to collect data on only those patients with serious injuries. It is also designed to identify system issues, such as over and under triage, at the regional and state levels. In order to track these patients effectively, BEMS has identified criteria for a patient to be included in the registry at the local level. This is the inclusion criterion that is **REQUIRED** for all designated trauma centers. **ALL CENTERS MUST INCLUDE, AT A MINIMUM, ALL PATIENTS THAT MEET THESE CRITERIA.** This is regardless of payment source, indigent status, etc. This is the data that a trauma center must capture in order to maintain an effective trauma program.

Mississippi Trauma Registry Data

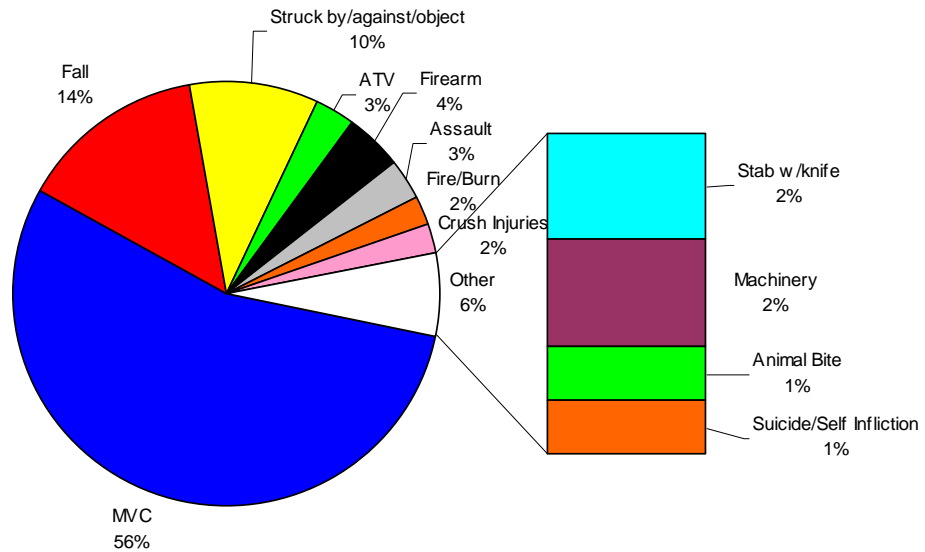
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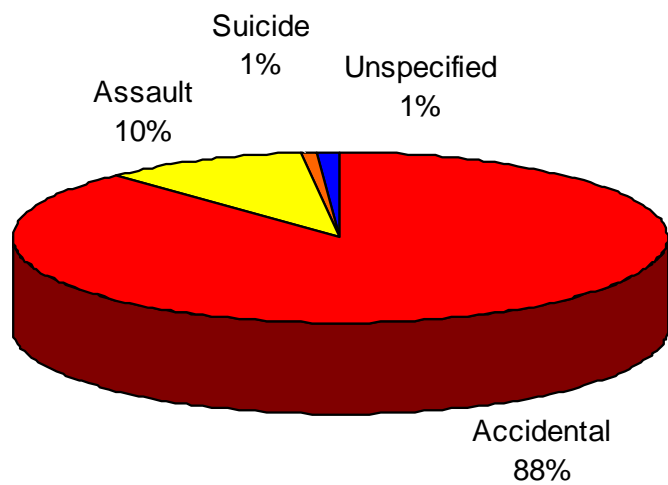
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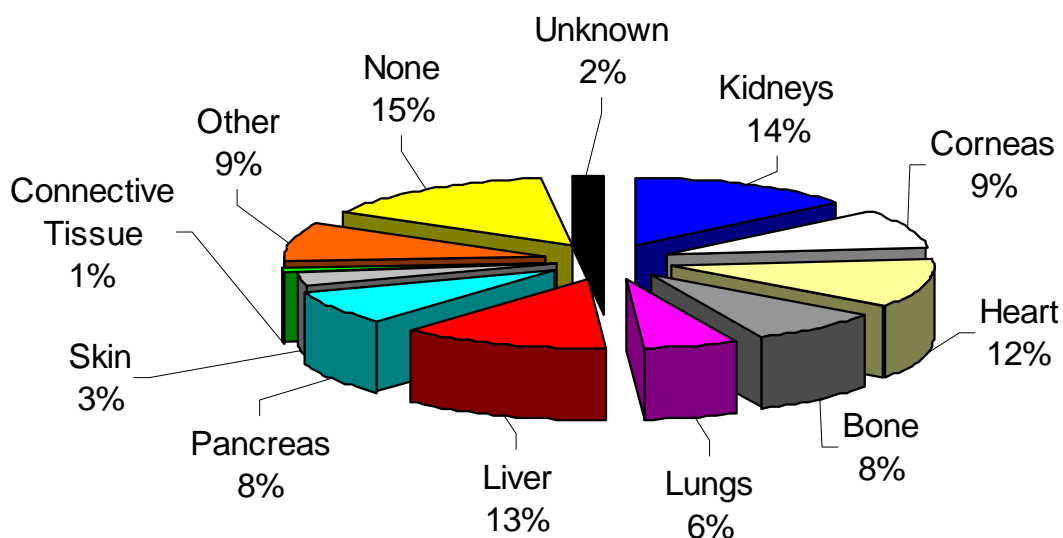
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MECHANISM OF INJURY
N = 16949**



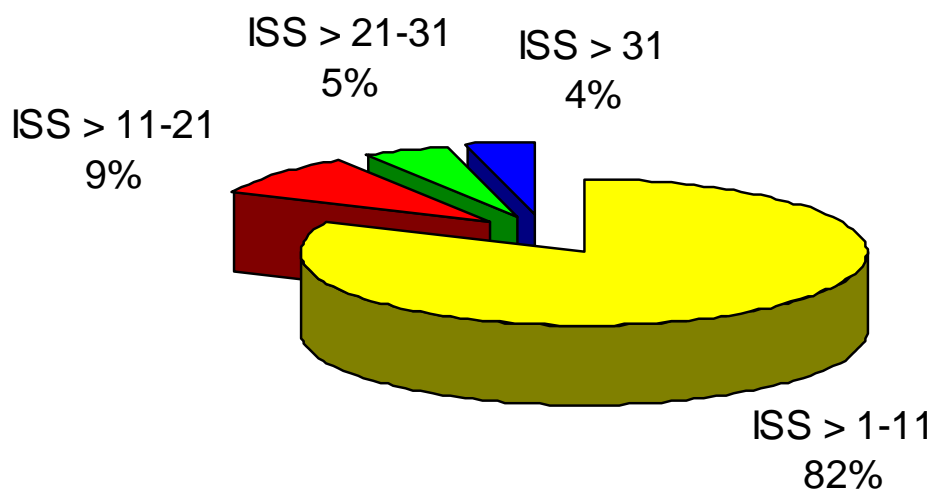
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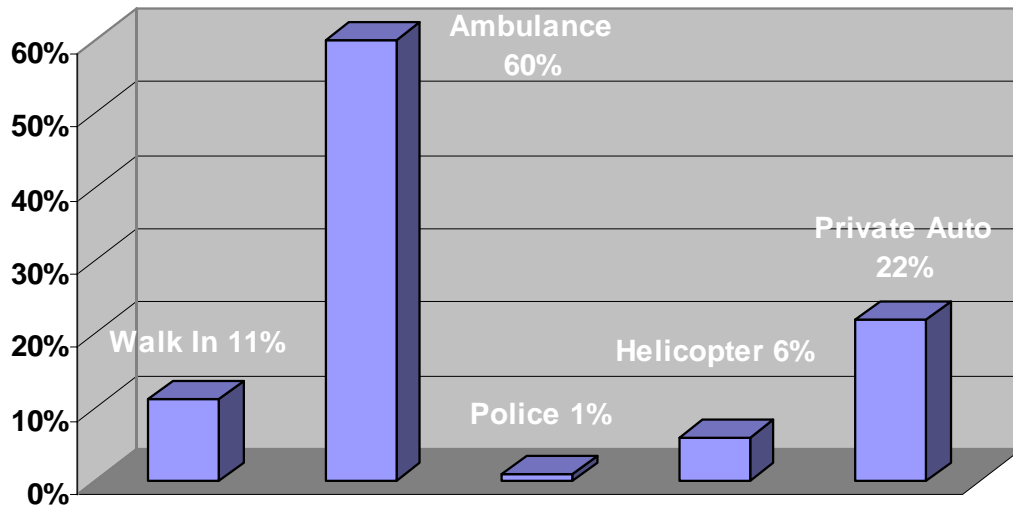
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N = 16949**



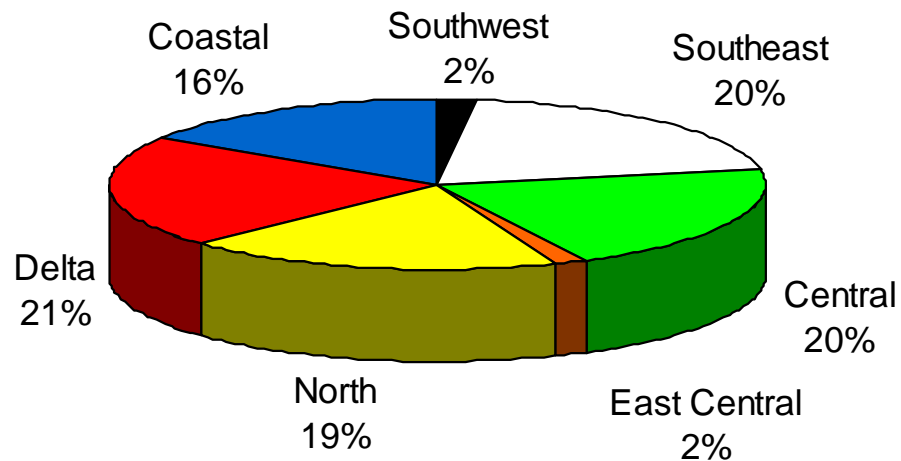
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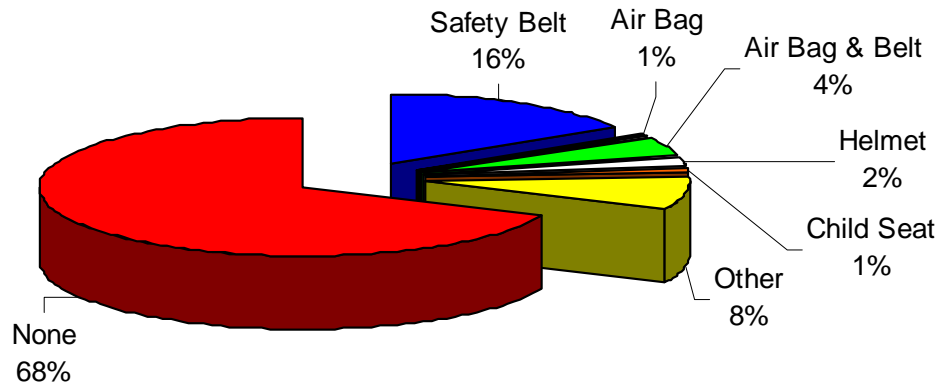
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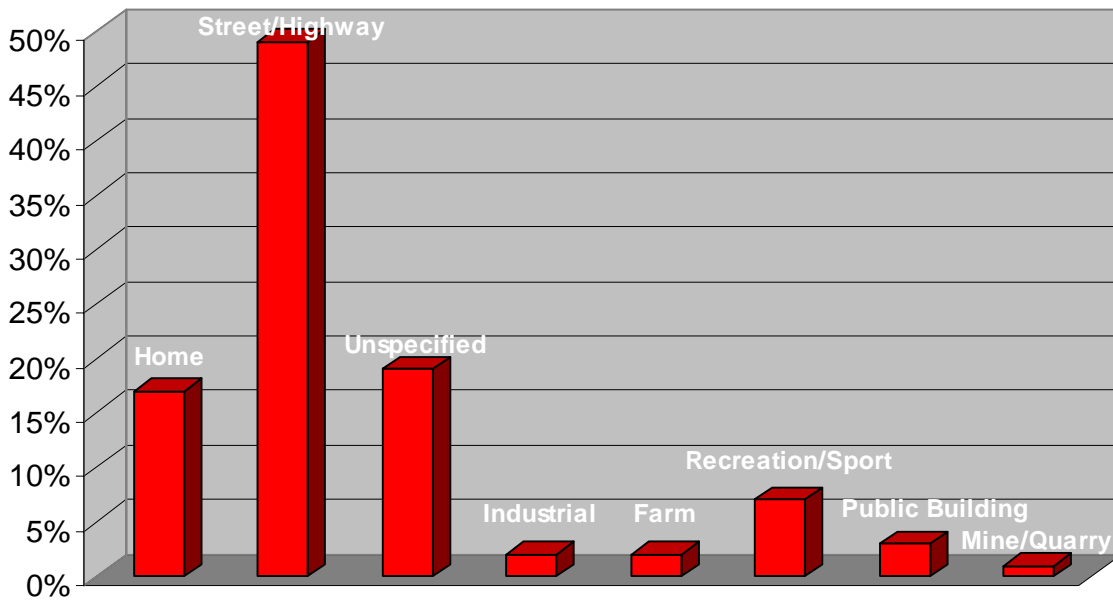
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**MISSISSIPPI TRAUMA CARE SYSTEM FY'05
STATEWIDE TRAUMA CENTER
PROTECTIVE DIVICES USED
N = 16949**



**MISSISSIPPI TRAUMA CARE SYSTEM FY'05
STATEWIDE TRAUMA CENTER
INJURY LOCATION SITE
N = 16949**



TRAUMA CARE TRUST FUND

The Trauma Care Trust Fund was created in 1998 to assist in the development of the Mississippi Trauma Care System. Funds are appropriated annually by the legislature to reimburse eligible hospitals and physicians in the care of uncompensated trauma patients.

TRAUMA CARE TRUST FUND ALLOCATION

YEAR	PARTICIPATING HOSPITALS	% CHANGE	PARTICIPATING PHYSICIANS	% CHANGE
1999	65		157	
2000	67	3.08%	216	37.58%
2001	70	4.48%	314	45.37%
2002	71	1.43%	366	16.56%
2003	70	-1.41%	362	-1.09%
2004	16*	-77.14%	293	-23.55%

*Level IV hospitals received \$10,000.00 to cover administrative costs for participation in the trauma system

FUTURE INITIATIVES

New Trauma Registry

The Purpose of the Mississippi Trauma Data Collection System is to enable Mississippi Department of Health (MDH) personnel to electronically collect, manage, and report Trauma System data. After careful evaluation of national trauma registries, a new registry has been selected and will be implemented during FY'06. There will be a more comprehensive data set, with mandatory field completion and data completion reports. Internal data quality checks will yield more timely and consistent data among trauma centers. The abstraction process will be monitored by the Division of Trauma System Development and Injury Control to evaluate validity and reliability of the data. Prior to record closure and submission, data checks will assist trauma centers in submitting authenticated data which will be used to identify, design and implement mechanisms to reduce trauma, ultimately improving health care for the citizens of Mississippi.

The new trauma registry database will assist trauma center staff with benchmarking of patient outcomes and additional performance improvement activities within the local hospitals where the trauma registry software is networked. The data collected will allow the trauma center to monitor and improve its trauma program. The trauma region will use the data to develop and monitor pre-hospital care, in-hospital clinical care, and outcomes and policies. The data will be used for injury prevention activities, legislative initiatives, and monitoring of the Trauma Care Trust Fund. Finally, BEMS will submit its valid and reliable data to the National Trauma Data Bank (NTDB).

Notes

Appendix

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Appendix I

EMS County Information

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Adams	34,340	American Medical Response; Emergystat; Metro Rural Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	7,624	25	9	0	11	\$17,623	\$0.00	Did Not Apply
Alcorn	34,558	Magnolia Emergency Medical Service Transcare Ambulance	ALS	Hospital Wing; NMMC Air Ambulance; UMC - AirCare; Ochsner Flight Team; Acadian Air Medical Service; Air Evac Lifeteam	5,677	44	27	3	17	\$13,375	\$25,390.00	ALS
Amite	13,599	Emergystat; Metro Rural Service; American Medical Response	ALS; BLS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	239	28	7	0	7	\$5,960	\$9,202.00	Support Service; Training
Attala	19,661	Willie Goss Ambulance Service; Carthage Emergency Medical Service	ALS	Hospital Wing; NMMC Air Ambulance; UMC - AirCare; Ochsner Flight Team; Acadian Air Medical Service	1,321	34	5	1	11	\$14,516.00	\$9,028.00	Regionalization; Support Service; Training

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Benton	8,026	Alliance Healthcare System	ALS	Hospital Wing; NMMC Air Ambulance; UMC - AirCare Ochsner Flight Team; Acadian Air Medical Service; Air Evac Lifeteam	575	23	12	0	5	\$5,256.00	\$5,896.00	Support Service
Bolivar	40,633	Pafford EMS	ALS	Hospital Wing; NMMC Air Ambulance;UM C - AirCare;Ochsner Flight Team;Acadian Air Medical Service;Air Evac Lifeteam;Critical Care Transport	4,356	51	14	2	12	\$23,885.00	\$29,853.00	Ambulances
Calhoun	15,069	Calhoun Health Services	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	779	15	3	3	2	\$4,407.00	\$0.00	Did Not Apply
Carroll	10,769	Med Stat EMS	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	468	4	2	0	2	\$8,919.00	\$7,912.00	Regionalization; Communications; Support Service

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Chickasaw	19,440	Emergystat- North Mississippi	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	1,934	20	4	1	7	\$14,723.00	\$14,282.00	Regionalization; Training
Choctaw	9,758	Emergystat- Central Mississippi	ALS	Hospital Wing;UMC - AirCare;Acadian Air Medical Service;Ochsner Flight Team;Air Evac Lifeteam;NMMC Air Ambulance	654	14	2	0	6	\$5,668.00	\$7,169.00	Ambulances
Claiborne	11,831	Emergystat- Central Mississippi; Metro Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	1,096	3	0	0	0	\$2,266.00	\$8,692.00	Ambulances
Clarke	17,955	Enterprise Volunteer Fire Department Ambulance Service; Paratech, EMS, Incorporated	ALS; BLS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	363	21	14	0	6	\$10,335.00	\$13,191.00	Ambulances
Clay	1,979	NMMC West Point; Clay County Ambulance Service	ALS; BLS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	541	41	25	1	11	\$8,577.00	\$0.00	Did Not Apply

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Coahoma	30,622	Emergystat	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Critical Care Transport; NMMC Air Ambulance	2,603	23	5	0	6	\$6,105.00	\$22,498.00	Ambulance
Copiah	8,757	Hardy Wilson Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	4,152	18	12	1	7	\$19,150.00	\$21,128.00	ALS; Regionalization; Communications
Covington	9,407	Covington County Ambulance; AAA Ambulance Service; A Superior Ambulance Provider	ALS	Southeast Air Ambulance; UMC AirCare; Acadian Air Medical Service; Ochsner Flight Team	2,407	26	11	4	7	\$11,394.00	\$14,258.00	ALS; Communications
DeSoto	107,199	Hernando Ambulance Service; Horn Lake Ambulance Service; North MS Ambulance Service DeSoto; Olive Branch Ambulance Service; Southaven Ambulance Service; DeSoto County EMS; Rural Metro, Transcare	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance; Critical Care Transport	13,422	228	79	5	63	\$65,314.00	\$26,638.00	Ambulances

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Forrest	72,604	AAA Ambulance Service; A Superior Ambulance Provider	ALS	Southeast Air Ambulance; UMC AirCare; Acadian Air Medical Service; Ochsner Flight Team	15,821	65	29	0	25	\$49,828.00	\$0.00	Did Not Apply
Franklin	8,448	Franklin County Ambulance Service; Metro Rural Service; American Medical Response	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	853	21	15	0	1	\$5,813	\$6,206.00	Ambulance
George	19,144	George County Hospital Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	964	17	7	0	4	\$10,976.00	\$14,065.00	Ambulance
Greene	13,299	Emergystat	ALS	Southeast Air Ambulance; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	861	16	10	0	6	\$7,398.00	\$0.00	Did Not Apply
Grenada	23,263	Grenada Lake Medical Center Ambulance Service	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance; Critical Care Transport	4,102	43	20	0	20	\$12,820.00	\$17,091.00	Ambulance
Hancock	42,967	American Medical Response - South	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	5,650	22	8	1	12	\$23,238.00	\$31,568.00	ALS

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Harrison	189,601	American Medical Response - South; Garden Park Medical Center	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	29,893	127	121	3	65	\$145,366	\$139,301.00	ALS; Communications; Ambulances
Hinds	250,800	American Medical Response - Central; Cardiac Emergency Network; Willie Goss Ambulance Service; Neonatal Transport; University Medical Center	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	37,487	135	126	2	47	\$88,335.00	\$184,265.00	ALS; Communications; Support Service; Training; Ambulances
Holmes	21,609	University Hospital & Clinics - Holmes County Ambulance Service	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; NMMC Air Ambulance; Critical Care Transport	2,441	7	5	0	0	\$18,781.00	\$0.00	Ambulances
Humphreys	11,206	Humphreys County Memorial Hospital Ambulance Service	BLS	American Medical Response; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; NMMC Air Ambulance; Hospital Wing	925	21	6	0	0	\$6,780.00	\$8,233.00	Ambulances

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Issaquena	2,274	Sharkey- Issaquena Ambulance Service	BLS	American Medical Response; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; NMMC Air Ambulance; Hospital Wing	52	3	2	1	0	\$290.00	\$0.00	Not Eligible
Itawamba	22,770	North Mississippi Medical Center - Fulton Ambulance Service	ALS	Hospital Wing; UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	246	19	10	2	8	\$13,043.00	\$16,729.00	Training
Jackson	131,420	Acadian Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	8,536	81	63	1	37	\$78,100.00	\$96,555.00	Communications; Support Service; Training; Ambulances
Jasper	18,149	Emserv Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	1,227	12	5	0	5	\$9,518.00	\$0.00	Did Not Apply
Jefferson	9,740	American Medical Response; Emergystat - Central; Metro Rural Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	1,173	8	3	0	2	\$5,972.00	\$7,156.00	ALS
Jefferson Davis	13,962	AAA Ambulance Service	ALS	UMC- AirCare; Southeast Air Ambulance; Acadian Air Medical Service; Ochsner Flight Team	935	16	5	0	8	\$6,372.00	\$0.00	Did Not Apply

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Jones	64,958	AAA Ambulance Service; A Superior Ambulance Provider; Emserv Ambulance Services	ALS	UMC- AirCare; Southeast Air Ambulance; Acadian Air Medical Service; Ochsner Flight Team	7,770	78	29	2	39	\$29,542.00	\$0.00	Not Eligible
Kemper	10,453	Emergystat - Central	ALS	UMC- AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	664	11	6	0	2	\$9,722.00	\$7,679.00	ALS; Regionalization; Training
Lafayette	38,744	Baptist Memorial Hospital of North Mississippi	ALS	UMC- AirCare; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance; Hospital Wing	3,613	30	5	2	18	\$22,776.00	\$28,465.00	ALS; Regionalization
Lamar	39,070	AAA Ambulance Service; A Superior Ambulance Provider	ALS	UMC - AirCare; Southeast Air Ambulance; Acadian Air Medical Service; Ochsner Flight Team	3,544	35	17	2	13	\$18,012	\$0.00	Did Not Apply
Lauderdale	78,161	Jeff Anderson Regional Medical Center Ambulance Service; Metro Rural Ambulance Service; Riley Memorial Hospital Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	15,905	67	47	0	26	\$45,276.00	\$57,425.00	Ambulances

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Lawrence	13,258	Emergystat	ALS	UMC - AirCare Acadian Air Medical Service; Ochsner Flight Team	933	26	10	0	7	\$2,641.00	\$9,740.00	ALS; Communications; Training
Leake	20,940	Carthage Emergency Medical Services	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; NMMC Air Ambulance	2,409	56	21	2	6	\$14,028.00	\$15,384.00	ALS; Support Service
Lee	75,755	North Mississippi Medical Center Ambulance Service	ALS	UMC - AirCare; Hospital Wing; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	11,737	79	30	4	40	\$48,241.00	\$55,657.00	ALS; Communications; Training
Leflore	37,947	Greenwood- Leflore County Hospital Ambulance Service; Med Stat Ambulance Service	ALS; BLS	UMC - AirCare; Hospital Wing; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	4,928	21	8	0	3	\$22,643.00	\$27,880.00	ALS; Support Service
Lincoln	33,166	King's Daughters Medical Center Ambulance Service; American Medical Response	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	3,691	29	9	1	14	\$30,291.00	\$24,367.00	ALS
Lowndes	61,586	Baptist Memorial Hospital - Golden Triangle Ambulance Service	ALS	UMC - AirCare; Hospital Wing; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	7,940	39	58	2	26	\$21,664.00	\$45,247.00	ALS; Support Service; Training

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Madison	74,674	American Medical Response	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	5,903	53	40	0	31	\$56,964.00	\$54,863.00	Communications; Support Service
Marion	25,595	AAA Ambulance Service	ALS	UMC - AirCare; Southeast Air Ambulance; Acadian Air Medical Service; Ochsner Flight Team	2,522	18	9	0	8	\$10,541.00	\$0.00	Did Not Apply
Marshall	34,993	Alliance Healthcare Systems, Inc. Emergystat- North Mississippi	ALS	UMC - AirCare; Hospital Wing; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	3,544	26	7	2	4	\$21,486.00	\$0.00	Did Not Apply
Monroe	38,014	Emergystat- North Mississippi	ALS; BLS	UMC - AirCare; Hospital Wing; Acadian Air Medical Service; Ochsner Flight Team; Air Evac Lifeteam; NMMC Air Ambulance	3,083	57	33	3	12	\$13,356.00	\$0.00	Did Not Apply
Montgomery	12,189	MedStat Emergency Medical Services	ALS	UMC - AirCare; Hospital Wing; Acadian Air Medical Service; Ochsner Flight Team; Critical Care Transport, NMMC Air Ambulance	1,530	21	13	0	7	\$11,697.00	\$8,955.00	Regionalization; Communications; Support Service

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Neshoba	28,684	Choctaw Health Center Ambulance Service; Neshoba County Hospital Ambulance	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; NMMC Air Ambulance	4,837	47	41	0	10	\$22,056.00	\$21,074.00	Ambulance
Newton	21,836	Emergystat- Central	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	3,014	36	25	1	11	\$16,995.00	\$0.00	Did Not Apply
Noxubee	12,548	Emergystat	ALS	UMC AirCare: Hospital Wing; Air Evac Lifeteam; Acadian Air Medical Service; Ochsner Flight Team; NMMC Air Ambulance	1,062	8	2	0	1	\$10,414.00	\$9,219.00	Support Service; Ambulances
Oktibbeha	42,902	Oktibbeha County Hospital Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance	128	38	52	0	16	\$27,349.00	\$15,453.00	Ambulances
Panola	34,274	Emergystat - North Mississippi Tri-Lakes Medical Center	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance	4,691	45	13	4	14	\$21,375.00	\$0.00	Did Not Apply

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Pearl River	48,621	AAA Ambulance Service Emergystat	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Southeast Air Ambulance	5,898	54	23	0	24	\$33,800.00	\$0.00	Did Not Apply
Perry	12,138	AAA Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Southeast Air Ambulance	732	10	4	0	4	\$7,998.00	\$0.00	Did Not Apply
Pike	38,940	Southwest Mississippi Regional Medical Center Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	1,486	29	10	0	9	\$29,769.00	\$0.00	Did Not Apply
Pontotoc	26,726	Pontotoc Health Services Center	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance	2,284	21	10	2	4	\$16,330.00	\$19,635.00	ALS
Prentiss	25,556	North Mississippi Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance	2,138	34	25	1	8	\$21,799.00	\$18,776.00	Support Service; Training

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Quitman	10,117	Quitman County Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance	1,127	8	5	0	0	\$8,459.00	\$7,433.00	Ambulances
Rankin	115,327	American Medical Response	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	8,609	138	111	1	79	\$81,171.00	\$84,731.00	ALS; Communications; Training; Ambulances
Scott	28,423	Emergystat - Central	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	2,896	29	15	0	13	\$20,369.00	\$20,882.00	ALS; Training; Ambulance
Sharkey	6,580	Sharkey-Issaquena Hospital Ambulance Service	ALS; BLS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Critical Care Transport	479	16	9	0	0	\$2,101.00	\$6,505.00	ALS; Communications
Simpson	27,639	Emergystat - Central	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	2,768	25	13	0	7	\$19,879.00	\$20,306.00	Ambulances
Smith	16,182	Emergystat - Central	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	908	15	12	0	6	\$6,472.00	\$0.00	Did Not Apply

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Stone	13,622	AAA Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	1,430	12	9	0	8	\$9,437.00	\$10,008.00	Regionalization
Sunflower	34,369	MedStat Ambulance Service; Emergystat- North Mississippi	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; NMMC Air Ambulance	1,826	24	8	1	5	\$16,612.00	\$25,251.00	Ambulance
Tallahatchie	14,903	Emergystat- Tallahatchie County	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance; Critical Care Transport	894	16	9	1	9	\$5,071.00	\$10,949.00	Ambulances
Tate	25,370	Emergystat- North Mississippi Tate County Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance; Critical Care Transport	3,080	48	13	2	18	\$21,494.00	\$15,301.00	Ambulances

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Tippah	20,826	Tippah County Hospital Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance; Critical Care Transport	2,382	29	15	2	5	\$9,610.00	\$15,301.00	Ambulance
Tishomingo	19,163	Iuka Hospital Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance;	1,716	42	19	0	18	\$13,210.00	\$0.00	Did not apply
Tunica	9,227	North Mississippi Ambulance Service- Tunica; Emergystat	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance;	289	8	9	0	1	\$16,641.00	\$0.00	Did not apply
Union	25,362	Baptist Memorial Hospital Ambulance Service- Union County	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance;	2,602	17	5	3	8	\$12,173.00	\$18,633.00	Regionalization; Training

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Walthall	15,156	AAA Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	1,074	21	7	0	9	\$4,757.00	\$0.00	Did not apply
Warren	49,644	Vicksburg Fire Department Ambulance Service; River Region Health System Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	8,837	120	89	1	22	\$42,187.00	\$0.00	Did Not Apply
Washington	62,977	Delta Regional Medical Center Ambulance Service; Emergystat	ALS	UMC- AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance	9,495	89	22	0	17	\$18,764.00	\$46,269.00	ALS
Wayne	21,216	Wayne General Hospital Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team	1,659	25	9	0	3	\$8,050.00	\$15,587.00	Ambulance
Webster	10,294	Webster Health Service	ALS	UMC- Aircare Acadian Air Medical Service Ochsner Flight Service Hospital Wing Air Evac Lifeteam North Mississippi Medical Center Air Ambulance	1,757	32	13	1	11	\$5,659.00	\$7,563.00	Regionalization

County	2000 Census population	Ambulance Services	Level of Ground Service	Air Ambulances	Ambulance Runs	EMS-D	EMT-B	EMT-I	EMT-P	EMSOF Collected	EMSOF Disbursed	EMSOF Grant Purchases
Wilkinson	10,312	American Medical Response; Emergystat; Metro Rural Service	ALS	UMC - AirCare; Acadian Air; Medical Service; Ochsner Flight Team	894	4	3	0	0	\$6,647.00	\$0.00	Did Not Apply
Winston	20,160	Emergystat- Central	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Air Evac Lifeteam; NMMC Air Ambulance	1,268	14	3	0	3	\$14,394.00	\$0.00	Did Not Apply
Yalobusha	13,051	Yalobusha General Hospital Ambulance Service	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; NMMC Air Ambulance	1,235	29	10	1	7	\$7,850.00	\$9,588.00	Communications
Yazoo	28,149	Emergystat- Central	ALS	UMC - AirCare; Acadian Air Medical Service; Ochsner Flight Team; Hospital Wing; Critical Care Transport	930	15	3	0	7	\$13,184.00	\$20,681.00	ALS; Regionalization; Communications; Support Service; Training

Notes
